OHMH-16 Ray 1/89

BALTIN	death. Pag	funeral di	examiner
B	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within turn after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely for a funeral discontinuous after death with the State Dept of Health and Mental Hydians prior to busist commission	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	certifica	ding phy	other
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	PITAL	ERAL 7.72	12
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	FOR 1 - STATE	STATE OF M							MENTA	L HYGIEN		0 0	01
	REGISTRAR 1. OECEOENT'S NAME (First, Middle, Last)				FICATE					REG. NO		MEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH	7	8. BIRTHPL Country)	ACE (State or Foreign
	217-01-6192 9a. FACILITY NAME (If not institution, give s	1 M 2 F	72	YRS.		TOWN O	OR LOCATION	ION OF O	May			Virg	
TOR	SOUTHERN MA	RY LON.	DHOST	VAL	C	LI	VIO	N	b		PRI	NCE	GEORGE
DIRECTOR	10a. STATE 10b. COUNT	aster			TY, TOWN OF			La	nca	ster		1	od. INSIGE CITY
	104. STREET AND NUMBER Rt.1 Box 889			1.	-	101.	1. ZIP CODE	E	11 4 5.		10g. CITI	IZEN OF WHA	YES 2 NO
FUNERAL	11. MARITAL STATUS	12. WAS OECEDENT FORCES? 1	T EVER IN U.S	ARMEO	13. V	WAS OECI	ENGENT O	OF HISPAN	NIC ORIGI	N? (Specify Yea	U.S	14. RACE	- American Indian,
BY	1 Never Married 2 Married 3 Wildowed 4 Olvorced	IF YES, GIVE W	AR OR OATES		1	YES	2X_X40			Rican, etc.)		Black, V Specify:	White
LETED	15. DECEOENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	UCATION te completed) College (1-4 or 5 +)	F) #	(Give kind of life. Do NOT u	S USUAL OC work done di use retired.)	during mos	ON ist of workin	ng		b. KINO OF BUS		USTRY	
COMPLET	1. 1. 17. FATHER'S NAME (First, Middle, Last)		Но	me M	laker	,	18. MOTI	HER'S N/	AME (First, I	wn Hon			
BE	Joseph Belfiel	d	T.	-AL MAII IN	2 AGODEGS		Cur	tie	Doc	dson			
5	Mrs. Stanley S			P.O.	Box	5,	Неа	ths	vill	le,Vil	rgin	ia 22	2473
	20a, METHOO OF DISPOSITION 1 CABurfal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of Wisconsis) 20c. LOCATION — City or Town, State Wisconsic Churc								urch, Va.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Currie Funeral Home Kilmarnock, Virginia 22482												
ATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Desth												
CERTIFICATION	CAUSE (Dissess or Injury that Initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PERI						24a, WAS AN PERFOR	MEO?	AM CO OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO DMPLETION OF CAUSE F CEATH? YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:	:	ACE OF OE						
	27. MANNER OF OEATH 1 Natural 5 Pending	28e. OATE OF II (Month, Day	INJURY	28b. TIM	4 Nursi	28c. INJU WOR	URY AT RK?			SCRIBE HOW IN	NJURY OCC	UREO	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF building, e	F INJURY — AI h etc. (Specify)	iome, larm,	street, lector		/ES 2 🗌	NO	28I. LOC.	ATION (Street a or Town, Stete)	nd Number (or Rural Route	e Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ER: On the beat of exe	my knowledge, d	leath occum	ed at the tim	ne, data s	and piece,	and due	to the cau	se(a) and man	ner as state	rd.	of manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	as MI.				-	29c. LICE						onth/ Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	1 1 1/		11 11		CI	linto	m,	Md			7	
	31. OATE FILEO (Month, Day, Year)	32. REGISTRAR	r's signature	son-Pa	ndell				-				

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FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENI
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

REGISTRAR		CERTIF	ICALE	OF DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)					2. DAT	E OF DEATH	¥ 0 0 1	YEAR 3.	TIME OF DEATH	
						DEC. 25, 1991				
4. SOCIAL SECURITY NUMBER 579-09-8316	5. SEX 6. A	GE (In yrs. last birthday) YRS.	MONTHS D	YEAR IF UNDER 24 H	onth, Day, Year)		Country)	NGTO, DC		
9a. FACILITY NAME (If not institution, give s	treet and number)		96. CITY, TO	OWN OR LOCATION	OF DEATN		9c. COUNTY OF DEATN			
	7302 JOPLIN STREET						P.G.			
10a. STATE 10b. COUNTY	10a. STATE 10b. COUNTY 10c. C								I. INSIDE CITY LIMITS? YES 2 NO	
100. STREET AND NUMBER 7302 JOPLIN STRI	100. STREET AND NUMBER 7302 JOPLIN STREET					10g. CITIZEN OF WHAT UNITED ST				
11. MARITAL STATUS 1 Never Married 2 Warried 3 Widowed 4 Divorced	Never Married 2XXMarried FORCES? 1 YES 2 N			D 13. WAS DECENDENT OF NISPANIC ORIGI If yea, specify Cuban, Mexican, Puarto 1 □ YES 2 ☒ NO Specify:				14. RACE — Black, W		
15. DECEDENT'S EDU (Specify only highest grade	CATION COMPOSITION	16a. DECEDENT'	S USUAL OCC	UPATION ing most of working	10	b. KIND OF BUS	SINESS/IND	DUSTRY		
Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)			COMEDN	DATE NO.			
12th	CAL NU			GOVERN						
17. FATNER'S NAME (First, Middle, Last) JOHN CARPENTER	17. FATNER'S NAME (First, Middle, Last)					. Middle, Malden EY	Sumame)			
19a. INFORMANT'S NAME (Type/Print)	G ADDRESS (IDA			n State 7in	Codel				
GLORIA F. CARPENT			ARBOR WAY		man, ony or town	n, orano, Esp	, 0000)			
20a. METNOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE OF DISPO	OSITION (Name	of cemetery, cremetor	ry or	20c. LO	CATION —	City or Town,	Stata	
21. SIGNATURE OF THE SERVICE LI	CENSEE	7		ME AND ADDRESS		(T)				
11/0/ X	Kopo H	VZ_ M-859	1 58	PE FUNER	₩F. HON	E. W	ASH,	DC 2	0020	
Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. DUE TO (OR	AS A CONSEQUENCE	F. L.	VER y Dis	EAST	Ç				
that initiated events resulting in deeth) LAST d.										
PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part 1. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO						AM CC OF	ERE AUTOPSY FINDING AILABLE PRIOR TO MIPLETION OF CAUSE F DEATH? YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
EXAMINER? 1 YES 2 NO	HOSPITAL:	/Outpetient 3 DOA	OTHER:		lence 6 🗆 Ot	her (Specify)				
27. MANNER OF DEATN 1 Netural 5 Pending		Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Horns 5 Realdence 6 Other (Specify)						CURED	·	
2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State)								r or Rural Rout	e Number,	
29a. CERTIFIER (Check only intel) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.										
295 AUDITATURE AND TITLE OF CENTIFIE	A A	MILM	0	290 AICENS		121			ogin, Day, Year)	
30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE O	OF DEATH (ITE) 27) (Ty		LAKE	Prior	PHAI!	M	the Mil	Ila ar	
31. DATE FILED (Month, Day, Year) JAN 0 7 1992	32. REGISTRAR'S	SIGNATURE Panda	00	10/16	7. 5	To the last	0	The state of	110	



TO BE COMPLETED BY FUNERAL DIRECT

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE REGISTRAR		CERTIF	ICATE C	OF DEATH		REG. NO.			
1. OECEOENT'S NAME (First, Middle, Last)					2. DATE	OF DEATN			. TIME OF DEATN
Hulda V. Conant					12	29	199	YEAR 1	м
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (in yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE C		6.		ACE (State or Foreign
214-74-5605	1 ☐ M 27€ F	92 YRS.	MONTHS DA	YS HOURS MIN.	11/1	1899	0	hio	
9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TO	WN OR LOCATION OF O			9c. COUNT	Y OF DEA	TN .
311 Winterquarter	s Drive		Poc	omoke City			Worc	este	r
10a. STATE 10b. COUNTY		10c. CI	TY, TOWN OR LO	OCATION				1	Od. INSIDE CITY
Maryland Worces	ter	Po	comoke	City				- 1,	LIMITS?
10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZE	N OF WN	AT COUNTRY?
311 Winterquarte	rs Drive			21851				USA	
11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 Never Married 12. WAS DECEOENT EVER IN U.S. ARMED II yes, apecify Cuban, Maxican, Puarto Rican, etc.) 13. Wildowed 4 Olivorced 14. RACE - Amarloa Black, Whila, etc. Specify: 15. WAS DECEOENT OF HISPANIC ORIGIN? (Specify Yaa or No—If yes, apecify Cuban, Maxican, Puarto Rican, etc.) 16. WAS DECEOENT EVER IN U.S. ARMED If yes, apecify Cuban, Maxican, Puarto Rican, etc.) 17. WAS DECEOENT EVER IN U.S. ARMED II yes, apecify Yaa or No—If yes, apecify Yaa or No—If yes, apecify Yaa or No—If yes, apecify Cuban, Maxican, Puarto Rican, etc.)							While, etc.		
15. DECEDENT'S EOUCA		16a. DECEDENT			16b.	KIND OF BUS	INESS/INDU		WILLOC
(Specify only highest grade or Elamantery/Secondary (0-12)	College (1-4 or 5 +)	(Give kind o	' work done durin use retired.)	g most of working	- 1				
11		Secreta	ry & H	ousewife					
17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	AME (First, M	fiddla, Maiden	Sumama)		
John H. Clapper				Maude I					
19a. INFORMANT'S NAME (Type/Print)		1000		St., Pocor			, State, Zip C 21851	ode)	
Sarah Dryden				of cemetery, crematory or	lioke,		CATION — CI	ly or Town	n. Stata
20a, METHOD OF DISPOSITION 1 X Burlal 2 Cremellon 3 Remove 4 Donallon 5 Other (Specify)	al from State	First Bar	otist C	emetery				,	, Maryland
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			E ANO AGORESS OF F		_			
Scotts 1	nelson			on Funeral			, Mar	y1an	d 21851
23. PART I. Enter the diseeses, or co			not enter the	mode of dying, suc	ch es cerd	iec or reepi	retory erres	st,	Approximete intervel Between
ehock, or heert feliure. Li IMMEDIATE CAUSE (Fine) disease or condition			11-	A T T	411	11 04	-		Onset and Deeth
recuiting in deeth)	DUE TO (OR A	S A CONSEQUENCE	OF):	ART F	710	0 102			7 407
C a	ASCUI								922
Sequentieily liet conditione, if any, leeding to immediate	DUE TO (OR A	S A CONSEQUENCE	OF):						
CAUSE (Disease or injury									
thet initiated events reculting in deeth) LAST	DUE TO (OR A	S A CONSEQUENCE	OF):						
d.									1
PART ii. Other eignificent conditione	contributing to deeti	but not reculting	in the under	riying ceuse given ir	Part i.	24a. WAS AN			WERE AUTOPSY FINDINGS
						PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE
						1 123 2			OF OEATH?
					_				
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF OEATH (C	heck only on	Θ)		_	
	HOSPITAL:	Pulpetient 3 DOA	OTHER:	Home 5 - Raaldanca	6 Othe	r (Specify)			
27, MANNER OF DEATH	28a. DATE OF INJUS	RY 28b. T	IME OF 28	c. INJURY AT	7	CRIBE HOW I	NJURY OCCL	JRED	
1 Natural 5 Pending	(Month, Day, Yea	9	M I	WORK?					
2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJU	JRY — Al home, farm	, straat, factory,	offica	26I. LOC	ATION (Street	and Number o	r Rural Ro	ute Number,
4 Homicide determined	building, alc. (S	Бреспу) 			Спу	or Town, State)			_
29e. CERTIFIER (Check only	IAN: To the best of my kr	nowledge, death occu	rred at the time.	, data and place, and du	a to the cau	use(a) and mar	ner aa stated	4.	
one) 2 MEDICAL EXAMINER									and manner as stated.
295 SIGNATURE AND THILE OF CERTIFIER				29c. LICENSE NU	JMBER		29d. DATE	SIGNED (Month, Day, Year)
I C. Santa	-	D		100		-6	> /	-2	-92
30 NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF	OEATH (ITEM 27) (Ty	pe, Print)		27	0		-	
br. J. G. Santian	o - 100 eig	nhth Stre	et. Po	comoke Cit	37 M	7 210	51		
31. OATE FILED (Month, Day, Year)	32. RESISTRAR'S	IGNATURE Hand	.00	COMORE CIL	y PIC	1. 210			
JAN U 6 '97	Juna Da	riason-Mana	and a						

TO THE FINNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. urs after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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JAN 06 92

BALTIMORE, MARYLAND 21203-3146

DHMH-16 Rev 1/89

A JAN 1992 Received
Worcester County
Health Dept

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TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT OF ERTIFICATE OF		MENTAL HYGIE REG. NO		
1. DECEDENT'S NAME (First, Middle, La Emma Ja	ne Fisbeck			Dec. 30	1991	S. TIME OF OEATH
4. SOCIAL SECURITY NUMBER 716 18 1623 9a. FACILITY NAME (If not Institution, gr	5. SEX 1 M 2 X F 74 ve stream and number)	YRS. MONTHS DAY				BIRTHPLACE (State or Foreign Country) ennsylvania of DEATH
5615 Haddon Dr		L	anham		Prin	ce Georges
10a. STATE 10b. COU		I anham	CATION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 5615 Haddon Dr	iva		10f. ZIP CODE	0.5		OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO If yes	20706-41 DECENDENT OF HISPAI , specify Cuben, Mexica YES 2 NO Specifi	NIC ORIGIN? (Specify Y		RACE — American Indian, Black, White, atc. Spepily: White
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last, Harold C. Humm	College (1-4 or 5+)	most of working 18. MOTHER'S NA	Own ME (First, Middle, Meide Warmkesse	en Sumeme)	TRY	
190. INFORMANT'S NAME (Type/Print) George O. Fisbe	own, State, Zip Co	706–4105				
20a. METHOO OF DISPOSITION 1 Duriel 2 Cremation 3 4 Donation 5 Other (Specify)	20b. PLACI Removal from State of cemetar	E AND DATE OF DISPOSIT y, crematory or other place)	ION (Name	DATE 20c. I	OCATION — CIT	
21. SIGNATURE OF FUNERAL SERVICE	. Evans t	Nos. 16		сыту Funeral H olis Rd. B	lome, Pa	.A. aryland 20715
23. PART I. Enter the discesses, shock, or heert falls iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	or complications that caused the dire. List only one cause on each line.	10.				t, Approximate Interval Betwee Onset and De
disease or condition resulting in deeth) s. Caldiac Annhythmia DUE TO (OR AS A CONSEQUENCE OF): Arterio Scluentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST s. Caldiac Annhythmia DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):						
^	ART II. Other eignificent conditions contributing to death but not resulting in the underlying cause give Care, as a Breat					24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	L HOSPITAL:		8. PLACE OF DEATH (C	heck only one)		
1 M YES 2 □ NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Outpatient 26e. DATE OF INJURY		Home 5 Residence	6 Other (Specify) 28d. DESCRIBE HOY	N IN HIEV OCCIL	950
1 Netural 5 Pending 2 Accident Investigat	(Month, Day, Year)	INJURY	WORK?	200. DEJONISE NO	THOOK! COOK	ne.
3 Suicide 6 Could no 4 Homicide determine		nome, farm, atreet, factory,	office	261. LOCATION (Stre- City or Town, Ste	et end Number or ite)	Rural Route Number,
anni anni	HYSICIAN: To the best of my knowledge, o					
29b. SIGNATURE AND TITLE OF CERT	well deputy	medical	29c. LICENSE NU			SIGNED (Month, Dey, Year)
PAIA. DEVOR	WHO COMPLETED CAUSE OF DEATH (IT	ensoly Ro			0 2076	21
31. DATE FILED (Month, Day, Year)	Julia Davidson-Mandal	2				

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4	
220	or exe as the burial-transit perm
21215-0020	or exe as the

BALTIMORE, MARYLAND

BOX 68760,

P.O. |

DIVISION OF VITAL RECORDS,

MPORTANT

HYSICIAN'S NAME (THE OLD

C

32. REGISTRARY SIGNATURE

THE

223

urs after death. Page 6 may be retained by the hospital in by the funeral director, page 5 should be detached to notified at must be the medical examiner Wher this certificate has been signed by the attending physician and completely filled in by the I eath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, marked, or Item 23 shows any Injury, or other traumatic event, the medical ex HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within After 1 death FUNERAL DIRECTOR; At within 72 hours after de TTANT: If Item 28 Is 28 Is

Orig. on old form, FilmG6831/22/92 kam 37505 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH Goodling Emmaline Dec 2:40 SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 1 M 2 F 84 DAYS 1907 Jan 29, 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Bel Air Convel. Home DIRECTOR Bel Air Harrion RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Harford 10d. INSIDE CITY Bel Air 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Bel Air Convelescent Home 21001 451 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES TO NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 — YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 Wildowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complex 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) labor unknown Clothing manufacturing 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Charles Kibler Mary 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street Borgard 806 Maxa Ba Roseleen Md Zlosi Aberdeen 20a. METHOD OF DISPOSITION

1 M Burlel 2 Cremation 3 Rer 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION cemplery crematory or other 4 Donation 5 Other (Specify) Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY · Eilam S. Wolle Rober F. Keller F. H. Inc. 2000 W. Marke 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, Approximate shock, or heart fallure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel diseese Dr condition resulting in death) CERTIFICATION Sequantially list conditions, if any, leading to immediate Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSE that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF OEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 220 DATE SIGNED BE MEDICAL STAFF DIRECTOR PHYSICIAN ATTENDING PHYSICIAN 2

BALTIMORE, MARYLAND 21215-0020	he law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or artending physician.	te has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Per temation, or removal, cremation, or removal,	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR	STATE OF MADV	AND / DEDA	DTME	NT 05 11	F41711 4NO			31	375	506	
	1 - STATE REGISTRAR	STATE OF MARY	CERTII	FICAT	NI UF H	DEATH AND	MENTAL	HYGIEN REG. NO	_			
	1. DECEDENT'S NAME (First, Middle, Lest)	2. DATE O	F DEATH	AY O	YEAR 3	. TIME OF DEATH	-					
	4. SOCIAL SECURITY NUMBER	GROSS 5. SEX 6. AGE	GLENN				12	29	9		8 P	N
	214 52 9805	1 M 2 DF	47 YRS.	MONTH	S DAYS	HOURS MIN.		Day, Year)	- 1	8. BIRTHPL Country)	ACE (State or Foreign	
	90. FACILITY NAME (If not institution, give street and number) 91.4 1949 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY									ARYLAND	_	
FUNERAL DIRECTOR	ANNE ARUNDEL M	RESIDENCE OF DECEDENT									RUNDEL	
E.	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									10	Dd. INSIDE CITY	-
L D	MARYLAND ANN	E ARUNDEL	S	HADY	Y SII					1	YES 2 NO	
RA	6009 SHADYSID	E DD			101.	. ZIP CODE			10g. CITIZ		AT COUNTRY?	
UNE	11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMED	1 1:	3. WAS OFC	20764 ENDENT OF HISPA		(Specify Yes	or No.		.S.A.	_
	1 Never Married 2 Married	FORCES? 1 YES	X X NO		If yes, spe	2 X XIO Speci	an, Puerto Ri	can, etc.)	OF NO	Black, V Specify:	- American Indian, Vhite, etc.	
Э ВУ	3 Wildowed 4XXDivorced					AM open					LACK	
E	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT' (Give kind of life. Do NOT	work don	ne durina mos	ON st of working	16b. I	(IND OF BU	SINESS/INDU		ALEXA	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		TERN	*							
	17. FATHER'S NAME (First, Middle, Lest) FRANK GROSS					18. MOTHER'S N.			Sumame)			
BE	19a. INFORMANT'S NAME (Type/Print)		ARY NICK									
OT	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) LYDIA PARIAN 15700 DR. BOWEN RD. BRANDYWINE, MI										20670	
	20s. METHOD OF DISPOSITION	200	. PLACE AND DATE	OF DISP	OSITION (Na)		OATE	7	CATION — C			-
	Secret 2 Cremation 3 Remo	ovel from State S	T . MAT	other plac	S CH	HURCH 1	3-92 EME		DYSII			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					O AODRESS OF F	ACILITY					_
	Lavry D. Reese					SE & SC)NS M	ORTU	ARY,	P.A		
	23. PART I. Enter the diegeses, or o	23. PART I. Enter the disease, or complications that coused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one couse on each line.									21401 Approximate	-
	IMMEDIATE CAUSE (Final	iocn line.								Onsat end Daat		
	disease or condition resulting in death)	Ma	lignar	anant Lymphon					ma			
		DUE TO (OR AS	A CONSEQUENCE	OF):		1					0	
TIFICATION	Sequentially list conditions,	DUE TO (OR AS /	A CONSEQUENCE	OF1:								
CAT	ceuse. Enter UNDERLYING	Enter UNDERLYING									İ	
E	CAUSE (Disease or Injury that initiated events oue TO (OR AS A CONSEQUENCE OF):										_	
CER	reaulting in deeth) LAST											
	PART il. Other eignificent condition	a contributing to deeth b	out not resulting	in the	underlying	ceuse given in	Part I. 2	4e. WAS AN		24b. WI	ERE AUTOPSY FINDINGS	-
MEDICAL								PERFOR		CC	MPLETION OF CAUSE	
ME										1	DEATH?	
Z												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		ACE OF DEATH (C)	heck only one)					_
14S	1 YES 2 NO 27. MANNER OF DEATH	Inpatient 2 ER/Out	28b, Til	4 🗆 N	uraing Home	5 Residence	Y					
	1 Natural 5 Pending	(Month, Day, Year)		JURY M	28c, INJU	RIC?	28d. DESC	PIBE HOW II	NJURY OCCU	JRED		
) BY	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, strast, factory, office hulldfing str. (Speciful At home).						YES 2 NO NO Street and Number or Rural Route Number					_
TE	4 Homicide determined	building, atc. (Spe	спу)				City or	Town, State)				
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										-	
WO		R: On the basis of examination									nd manner as atated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NU					onth, Day, Year)	-
TO B	Cu (Bluy D16)								1/2	-/30	191	
- 1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF A	ATH STEM 27 CT-	a Divines						_		-

ANNAP. MD 2/401

STATE OF THE PARTY OF THE

TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MA				HEALTH AND	MENTA	L HYGIEN	E			
1. DECEDENT'S NAME (First, Middle, Last)	Rob	ert B.	Gibbs	3		2. DATE MONT	OF DEATH DA	1991	YEAR	3. TIME OF DEATH 3:30 P.M. M	
4. SOCIAL SECURITY NUMBER 226 30 8548	5. SEX 6.	AGE (In yrs. last b		F UNDER 1 YEAR DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Monti	OF BIRTH		Countr	PLACE (State or Foreign y) Cginia	
90. FACILITY NAME (If not institution, give s 9108 5th Street			9	b. CITY, TOWN Lanh	OR LOCATION OF D	_		9c. COUNT		Georges	
nesidence of decedent 100. STATE 10b. COUNTY Maryland Princ	ce Georges			rown or loca	TION			10d. INSIDE CITY LIMITS?			
10e. STREET AND NUMBER 9108 5th Street	e deorges		Lan	101. ZIP CODE 20706				1 □ YES 2 🛣 NO 10g, CITIZEN OF WHAT COUNTRY? United States			
11. MARITAL STATUS 1 Never Married 2 Amerried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 12 IF YES, GIVE WAR	YES 2 NO		II yes, sp	CENDENT OF HISPA Decify Cuben, Mexico S 2 NO Specific	en, Puerto I	Rican, etc.)		4. RACE	— American Indian, t, White, etc.	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12) 12 -	CATION completed) College (1-4 or 5+)	(Give	kind of world NOT use n			1100	KIND OF BUS			npany	
17. FATHER'S NAME (First, Middle, Last) John Henry Gibbs	s. Sr.				Rosa L	AME (First, I	Aiddle, Maiden				
190. INFORMANT'S NAME (Type/Print) Rebecca N. Gibbs					eet Lanh	Route Numi	er, City or Town				
20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)		20b. PLACE AN	D DATE OF I	DISPOSITION (N.		DAT	20c. LO	CATION - CH	y or To	wn, State	
21, SIGNATURE OF FUNERAL SERVICE LIC	Evans	Pres).	Bea1 1600	nd address of FA 1-Evans 0 Annapo	Fune	ral Ho	me, P	.A.	land 20715	
23. PART I. Entar the diseases, proshock, prheart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventaresulting in death) LAST	a. DUE TO (OR DUE TO (OR C. P.N.	I GE	ENCE OF): RO ENCE OF):	IVE	HEAR	7	FAL	IUR.	6	Approximata Interval Between Onset and Death	
PART II. Other aignificant condition	a contributing to dea	ath but not ras	uiting in (tha undarlyin	g cause given in	Part I.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL				28. Pi	LACE OF DEATH (Ch	eck only on	e)				
EXAMINER? 1 YES 2 NO	HOSPITAL:	3/Outpatient 3 🗆		THER:	ne 5 X Residence						
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJ (Month, Day,)	URY (bar)	28b. TIME C	Y WC	URY AT DRK? YES 2 NO	28d. DES	CRIBE HOW IN	JURY OCCU	RED		
3 Suicide 8 Could not be determined	28e. PLACE OF IN building, etc.	IJURY — At home (Specify)	, lerm, stra	et, factory, offic	•	281. LOC. City	ATION (Street e or Town, State)	nd Number or	Rurel R	loute Number,	
29e. CERTIFIER (Check only one) 2	CIAN: To the best of my) end manner ee stated.	
296, SIGNATURE AND TITLE OF CENTIFIER	1 ATT	ind. I	hys	icis	29c. LICENSE NUI	MBER 89	7	29d. DATE S	23	(Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WH	7209A H	OF DEATH (ITEM 2	De Control	in hwo	y Cere	enle	elt 1	rel	20	577=	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE									

an marking bed

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

OCCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 169-18-9507 98. FACILITY NAME (If not institution, give is PENINSULA GENE											
169-18-9507	John			GRIFF.	N	2. DATE OF DEATH	4 19	9 /	3. TIME OF DEATH		
PENINSULA GENE	1)X(#2 F	6. AGE (in yes, last to 7 O	YRS. WONT	NOER I YEAR IF LINGER THE CAPE HOURS	ARREST COLOR	7, DATE OF BIRTH (Month, Day, Year) 7/30/2	1	Count	PLACE (Sam or Form) O D S V I V a D		
PENINSULA GENERAL HOSPITAL SALISBURY SALISBURY SECOUNTY OF DEATH WICOMICO SECOUNTY OF DEATH WICOMICO SOLITY, TOWN OR LOCATION OF DEATH WICOMICO 10d. INSIDE Va. Accomack Bloxom											
RESIDENCE OF DECEDENT 10s. STATE 10s. COUNTY	Ψ.	T	NBC. CITY. TOY	WN OR LOCATION			_		104. INSIDE CITY		
	comack			oxom					1 XYES 2 MO		
10s. STREET AND NUMBER N/A				101. ZIF COD	330	8	10g. CITI		S.A.		
11. MARUTAL STATUS 1 Never Merried 2 Merried 2 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 12 IF YES, GIVE WA A I' III Y	DIES I NO	р	13. WAS DECENDENT (If yes, specify Cubs 1 YES 20 NO	m, Mexico	, Puerto Ricen, etc.)	Nes or No	Blac Spec	E — American Indian, k, White, etc. 介 1 L C		
15. DECEDENT'S EDU (Specify only highest grade	w completed)	/Gre	DENT'S USUA kind of work d	L OCCUPATION one during most of workli	na .	16b. KIND OF E	USINESSIINO	NUSTWY	44411		
12 Yrs.	College (1-4 or 5+)	1 1	rpent			Car	entr	у			
17. FATHER'S NAME (First, Middle, Last)						E (First, Months, Maio		61.			
Seymour J. Gr	iffin	190, A	MAILING ADD	HESS (Street and Number		Conway					
Pam Kelly				. First					Arkansav		
20e. METHOD OF DISPOSITION 1 □ Burlel 2 % Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	the commune come	206, PLACE AND COMMENTS OF THE STATE OF THE	DATE OF DIS	Cremator	у		92 Sa		wn. State bury Md		
21. SIGNATURE OF FUNDIAL SERVICE LE	ella =	1		Holloway	Fu	neral H					
23. WART I. Enter the diseases, or abook, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. A	ronesch line.	ing		ing, such	as cardiac or res	piratory arr	est,	Interval Bets		
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. Other to (c	PAUSED THE GENTLE OF AS A CONSEQUE	ENCE OF):	ster the mode of dy	ing, such	as cardiac or res	piratory arr	rest,	Interval Bets		
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Other to (c	OR AS A CONSEQUE	ENCE OF):		ing, such	as cardiac or res	piratory arr	est,	Approximate interval Bety Onset and D		
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Other to (c) b. DUE TO (c) d.	OR AS A CONSEQUE	ENCE OF:	estuo h	ang, such	foilu	NA AUTOPSY ORMEON		Interval Bet Onset and C Onset and C WIRE AUTOPSY FINO ANAL AND F PROP TO COMPLETION OF CAL OF DEATH?		
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiathed events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRISO TO MEDICAL	a. Other to (c) b. DUE TO (c) d	OR AS A CONSEQUE	ENCE OF:	s underlying cause of	ourl	Part I. 24a WAS / PERM	NA AUTOPSY ORMEON		Interval Bety Onset and D WERE AUTOPSY FINO MAILABLE PRIOR TO COMPLETION OF CAU		
Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRISO TO MEDICAL EXAMINER? 1 YES 2 HO	a. Other to (c) b. DUE TO (c) d. DUE TO (c) HOSPITAL:	OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE ERVOutpidlent 3	ENCE OF:	sunderlying cause of the PLACE OF DISTRIBUTION	Serri	Part I. 24a. WAS / PERF- 1 YES OK only one)	NA AUTOPSY ORMEOT	e 24b	Interval Bety Onset and D Onset and D WERE AUTOPSY FINO MAILABLE PRODY TO COMPLETION OF CAU OF DEATHT		
SHOOK, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRISO TO MEDICAL EXAMINERY 1 1 125 2 100 27. MARRISON OF DEATH 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a. Other to (c) b. OUE TO (c) c. OUE TO (c) d	OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE ERVOutpittlent 3 NUMBY	ENCE OF:	o underlying cause of	given in i	Part I. 24a. WAS PERF	NA AUTOPSY ORMEOT	e 24b	Interval Bety Onset and D Onset and D WERE AUTOPSY FINO MAILABLE PRODY TO COMPLETION OF CAU OF DEATHT		
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRISO TO MEDICAL EXAMINERT 1 VES 2 HO 27. MANNING OF DEATH 1 Natural S Pending Invastigation (Invastigation Suicide & Could not be deformined Check only 1 CERTIFYING PHYSIS	a. DUE TO (C b. DUE TO (C c. DUE TO (C d	DR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE Seath but not res ER/Outpatient 3 NJURY 1 INJURY At home to: (Specify) Ty knowledge, death	ENCE OF): ENCE OF): Ulting in the DOA 4	28. PLACE OF O	given in i	Part I. 24a. WAS / PERF I VES Ok only one) B C Other (Specify) 28d. DESCRIBE HOW Only or Even, Sta	NA AUTOPSY ORMED? 2 WYO F INJURY OCCUPY and Mumber to state	24b	WERE AUTOPSY FINO MAILABLE PROVIDED TO COMPLETION OF CAU OF DEATHT 1 YES 2 NO		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II, Other significant condition 25. WAS CASE REFERRISO TO MEDICAL EXAMINERS 1 YES 2 HO 27. Makeup OF DEATH 1 Natural S Pending Invastigation 29 Accident Invastigation 29 CERTIFIER COULD PHYSE	a. Other to (c) b. DUE TO (c) c. DUE TO (c) d	DR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE Seath but not res ER/Outpatient 3 NJURY 1 INJURY At home to: (Specify) Ty knowledge, death	ENCE OF): ENCE OF): Ulting in the DOA 4	JB. PLACE OF D HEN: 28c. INJUSTY AT WORKT 1 YES 2 Tactory, office Tectory, office	given in i	Part I. 2As. WAS / PERF 1 YES Ok only one) B Other (Specify) 284. DESCRIBE HOW City or Even, Sta	NA AUTOPSY ORMED? 2 NO HAUTOPSY ORMED? 2 NO HAUTOPSY OCCUPATION OF ANY MALEON OCCUPATION OCCUPA	CURED or Florer is sed.	WERE AUTOPSY FINO MAILABLE PROOF TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO		

market have been some

Samp me

1	2	표	FUNE	A	DIREC	JOR:	After	this	certif	Ficate	has
	2	filed	be filed within 72 hours after death with the State Dep	2	hours	after	death	With	the	State	8
1	Ξ	POR	IMPORTANT: if item	=	item	28 1	28 is marked, or item	rked	0.	Hen	12

	* REGISTRAR	REG. NO).						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	AY	3. TIME	OF DEATH
	MARV EII	ZABETH H	UNT			12 30 19		TEAR	м
			E (in vrs. lest birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
		1 🗌 M 2 🔀 F	, , , , , , , , , , , , , , , , , , , ,		AYS HOURS MIN.	(Month, Day, Year)		Country)	
	092-28-6853	X	65 YRS.			3 14 19		MARYL	AND
	9e. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TO	OWN OR LOCATION OF OR	ATH	9c. COUNT	Y OF OEATH	- 1
<u>بر</u>	329 WINDELL AVE	ENUE		ANN	APOLIS		ANNI	E ARUN	DEL
K	RESIDENCE OF DECEDENT								
DIRECTOR	10e. STATE 10b. COUNTY		10c. C/1	Y, TOWN OR I	OCATION				SIDE CITY AITS?
5	MARYLAND ANNE	ARUNDEL		ANNAP	OLIS				ES 2 NO
	10e. STREET AND NUMBER	MRONDED			101. ZIP CODE		10g CITIZE	EN OF WHAT CO	
FUNERAL	2000				A10		300		
9	329 WINDELL AVE				21401			J.S.A.	
5		12. WAS OECEDENT EVE FORCES? 1 7	R IN U.S. ARMED	13, WAS	S OECENDENT OF HISPAN es, specify_Cuban, Mexica	IIC ORIGIN? (Specify V	a or No- 1	4. RACE — Ame Black, White,	ricen Indien,
	1 Never Merried 2 Merried	IF YES, GIVE WAR OF		i	YES 2 NO Specifi	/:		Specify:	
B	3 Widowed 4 Olvoread							BLAC	K
8	15. DECEDENT'S EDUCA		16a. OECEDENT'S	USUAL OCCU	JPATION	18b. KINO OF B	JSINESS/INDU	STRY	
E	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done duri ise retired.)	ng most of working				- 1
2	Elementary/Secondary (0-12)	College (I-4 or 5+)	NUR	SES A	SSISTANT				1
2					_				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Melde			
BE	JOHN E. HUNT				HAT	TIE JOH	ISON		
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	ADDRESS (S	treet and Number or Rural	Route Number, City or To	wn, State, Zip C	Code)	
임	ARLENE BALLARD		329	WIND	ELL AVE.	ANNAPOL	S, MI	D. 214	01
	20e, METHOD OF DISPOSITION		20h PLACE OF OISPO	SITION (Name	of cemetery, crematory or	200 1	OCATION — C	Ity or Town, Stat	
	1 🔀 Buriel 2 🗆 Cremetion 3 🗀 Remov	rel from State	other place)	D () A I) AI	ECK CEME.	200.	M A 1	D C A D To TO	C MD
	4 Donation 5 Other (Specify)		SBURI B				. MAI	KGAKEI	S, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			ME AND ADDRESS OF FA		. T. D.		
	- M	Nas o			SE & SONS				401
	Jary A.	yees			WEST ST.				
	23. PART I. Enter the discusses, pr co	mpications that cau lat only one cause of	ead tha death. Do n each line.	not anter th	e mode of dying, suc	h se cardiac or res	piretory srre		pproximeta starval Between
	IMMEDIATE CAUSE (Finel	at only blic oddoo b	,						nset and Death
	disease or condition	CARCI	NOMA DE	= THE	COLAN				5 YPS
-	resulting in dasth) s		S A CONSEQUENCE		000011			-	7 123
								j	- 1
CERTIFICATION	Sequentially list conditions, b.								
Ĕ	if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE	DF):				i	
5	CAUSE (Disease or injury								
드	that initisted events	DUE TO (OR A	S A CONSEQUENCE	OF):					
E	resulting in death) LAST							1	
빙									
7	PART II. Other significant conditions	contributing to deat	h but not resulting	in the unde	arlying cause given in		N AUTOPSY DRMED?		NUTOPSY FINDINGS BLE PRIOR TO
EDICAL						1 □ YES	1 -	COMPL	ETION OF CAUSE
G							- 1	OF DE	
Σ						—		101	ES 2 NO
PHYSICIAN:									
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. PLACE OF DEATH (C	neck only one)			
S	~/	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/6	Outpatient 3 DOA	OTHER:	g Home 5 Residence	8 Other (Specify)			
	27. MANNER OF DEATH	28a. OATE OF INJU	RY 28b. TI	ME OF 2	Bc. INJURY AT	28d. OESCRIBE HOV	INJURY OCC	URED	
	1 Natural 5 Pending	(Month, Day, Ye	lr) If	LJURY	WORK? 1 YES 2 NO	2011 2012 2014			
BY	2 Accident Investigation								
	3 Suicide 8 Could not be	28e. PLACE OF INJ building, etc. (URY At home, farm Specify)	street, factor	y, office	281. LOCATION (Stree City or Town, Sta		or Rural Route Nu	mber,
TE	4 Homicide datermined								
COMPLETED	290. CERTIFIER	IAM: To the heat of an 1	newledge dooth :	med at the st	a data and stone and a	a to the country of	abas	· d	
2	one)				e, date end plece, end du				
ō	2 MEDICAL EXAMINER	: On the basis of examin	ation end/or investigat	ion, in my opi	nion, death occured at the	time, date end piece,	end due to the	ceuse(e) end m	anner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month,	Day, Year)
BE	Yester Son	the Man	ms		D30	701	I	12.192	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLED	DEATH STEP OF T	Defeat)	3,00	, , ,		10/10	
	000-00-00	-			01/- 4	A IV	0 1100 1	/	
	RUBERT SLOTT	ENEN MIN	,600 RI	DELY	AVE, ANNA	POLIS, MD	21401		
	31. DATE FARD IMPORT (DOTTO)	Wa DEGISTRATES	Manytell			,			
	, VIII V V IVV /		₩						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAG

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	1 - STATE REGISTRAR	Omite of t	CE	RTIF	ICATE	OF D	EAT	TH	REI	G. NO				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DE				3. TIME OF DEA	ATH
	ANNA MAY HAMMONS								™DEC	2	9	91 R	12:40	a
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	l birthday)	-		F UNDER		7. DATE OF BIR			0. BIRTH	IPLACE (State or F	Foreign
16	- 216-66-1138	1 🗌 M 2 💢 F	7	4 YRS.	MONTHS D	AYS H	OURS	MIN.	June (917	Countr	WV	
	9e. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY, TO	WN OR I	OCATIO	ON OF DE				JNTY OF D		
DIRECTOR	SACRED HEART HOS	PITAL			CUMB	ERLA	ND				A	LLEGA	ANY	
Ä	10e. STATE 10b. COUNTY				Y, TOWN OR L								10d. INSIDE CIT	Υ
	Md. Al	legany		W	ester	npo	rt						1 YES 2	NO
AL	10e. STREET AND NUMBER					10f. ZI	P CODE				10g. CI	TIZEN OF V	VHAT COUNTRY?	
띨	224 Wood	St.					215	562				US	5	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. ARI YES 2XN WAR OR DATES	MED IO	If ye	DECENE s, specifi YES 2 [y Cuber	F HISPAN n, Mexico Specify	IIC ORIGIN? (Spen, Puerto Rican, a	cify Yes	or No-	14. RACE Black Speci	American Ind	·
E	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION COMPANY	16+. DEG	CEDENT'S	USUAL OCCU	PATION			16b. KIND	OF BU	SINESS/IN	DUSTRY		
4	Elementary/Secondary (0-12)	College (1-4 or 5	+) (Gr	Do NOT u	work done durir se retired.)	ng most o	f workin _i	g						
를	Unknown		Н	ome	maker				Do	ome	sti	С		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16	в. мотн	ER'S NA	ME (First, Middle,	Maiden	Surneme)	-	-	
BE (Ross L. M	artin					F	Ruby	Wick:	lir	1e			
0	19e. INFORMANT'S NAME (Type/Print)			. MAILING	ADDRESS (St	reet and i	Number	or Rural F	Route Number, City	or Tow	n, State, Z	ip Code)		=====
-	Leafy Ann		cty	P:	iedmo	nt	Rd.	. K e	eyser,	WV	7.			
	20 METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remove	al from State	20b. PLACE A	NDDATE	OF DISPOSITIO	N (Name	of		DATE 2	Oc. LO	CATION -	City or To	wn, State	
	4 Donetlen 5 Other (Specify)		Reto	mac	memo	ria	1 (Gard	len1-2-	-92	2 Ke	yser	, WV.	
	21. SIGNATURE OF PUNERAL SERVICE LICE	NSEE	. \					S OF FA			7 77			
	1 revered (x)	12/201	nuk		1 11	I C	war	ch	St. We	era	ern	ome port	, Md.	
	23. PART i. Enter the diseases, or co	mplications the	t caused the dea	ath. Do i									Approxim	nate
anock, or neart failure. List only one cause on each line.							Interval E Onaet an							
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions Oction	Contributing to	death but not pe	X/	24	iying ca	suse g	iven in	P	ERFOR	AUTOPSY MED?	24b.	WERE AUTOPSY F AWAILABLE PRIOR COMPLETION DF OF DEATH?	CAUSE
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				- 2	6. PLACE	OF DE	EATH (Che	ack only one)					
is	1 YES 2 NO	NOSPITAL:	ER/Outpetient 3	□ DOA	OTHER: 4 Nursing	Home 5	5 □ Red	eldence	6 Other (Speci	lfy)				
표	27. MANNER OF DEATH	28e. DATE OF (Month, D	INJURY ay, Year)	28b. TIM		. INJURY	AT		28d. DESCRIBE		NJURY O	CURED		
B .	1 Natural 5 Pending Investigation				M 1	YES		NO						
- 11	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At honetc. (Specify)	ne, ferm, :	straet, fectory,	office			28f. LOCATION (City or Town	Street (State)	and Numbe	or Aural A	loute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI) end menner ee :	stated.
O I	296. SIGNATURE AND TITLE OF CENTIFIED	1	^	_				NSE NUM					(Month, Day, Year)	
m ∥	4110	122	1				17	150	1/3		1	2/2	0/01	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITEM	27) (T) be,	, Print)		//	11	0/		1	12	471	
	shin kim, m.d.	0 main	street	WEST	ERNPO	RT M	D.	2156	52			77.	36 YO 37	
	31. DATE FILEDAN "0"6"1992	Siche Laut	9'S SIGNATURE	202										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use at the burat-trainer to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

of 10 of 10 of 10

FOR

1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).		
1. OECEDENT'S NAME (First, Middle, Mary Jane HI					2. DATE OF OEATH DECEMber 5	30	991	3. TIME OF DEATH 8:08 A
4. SOCIAL SECURITY NUMBER 273 14 9227	5. SEX 1 M 2 F	AGE (In yrs. lest birthday) 71 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dex Yber) Dec • 2/1	920	6. BIRTH Country	PLACE (State or Foreign Ohio
90. FACILITY NAME (If not institution, DOCTORS COMM. RESIDENCE OF DECEDEN		cal	96. CITY, TOWN	OR LOCATION OF E	DEATH		NTY OF OIL	eorge s
10a. STATE 10b. C	ounty ince Georges	10c. C/1	y, town or loca Bowie	TION				10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 4800 Rockingh				20715				1 YES 2 NO
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 NO R OR DATES NO	Il yes, sp	ENDENT OF HISPA	ANIC ORIGIN? (Specify Yesten, Puerto Rican, etc.)			States - American Indian, , White, atc. White
15. DECEDENT' (Specify only highest Elementary/Secondary (0-12) 1.2	S EDUCATION grade completed) College (1-4 or 5 +)	(Give kind of life. Do NOT u	usual occupation work done during mose retired.)	ON ist of working	166. KIND OF BU		DUSTRY	***************************************
17. FATHER'S NAME (First, Middle, La. Howard Zeisl					AME (First, Middle, Maider Se Stiess			
19a. INFORMANT'S NAME (Type/Print, Carroll R. Hi					Route Number, City or Tow Bowie Mar			15
20e. METHOD OF DISPOSITION 1 版 Burlel 2 □ Cremetion 3 □ 4 □ Oonstion 8 □ Other (Specify,		20h PLACE AND DATE	OF DISCOSITION /A/	amo of		CATION	City or To-	- Charles
21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	Prov	Bea1	1-Evans	Funeral Ho	ome,	P.A.	
Sequantially list conditions, if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (0	OF AS A CONSEQUENCE OF	F):	eelr ise E	vert.			
PART II. Other algorificant con	althina contributing to de althing 1	Inserten	loip.	g causa givan ir	Pert I. 24e. WAS AN PERFO	RMEO?	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (C				
27. MANNER OF DEATH 1 (Natural 5 Pending	26s. DATE OF IN (Month, Day,	ER/Outpatient 3 DOA IJURY Yeer) 28b. TIM IN.	IE OF 28c. INJ		8 Other (Specify) 28d. DESCRIBE HOW	INJURY OC	CURED	
2 Accident Investigat 3 Suicide 8 Could no 4 Homicide determin	28e. PLACE OF building, et	INJURY — At home, ferm, c. (Specify)			281. LOCATION (Street City or Town, State		or Rural A	oute Number,
	PHYSICIAN: To the beat of m							end menner as stated.
30. NAME AND ADDRESS OF PERSON ADDRESS OF PERSON AND ADDRESS OF PERSON AND ADDRESS OF PERSON ADDRESS OF PERSON ADDRESS OF PERSON AND ADDRESS OF PERSON ADDRESS O								
JASLINDFR	FRULA	V CENT	FR.	DR	CREENES			



DHMH-18 Rev 1/89

DHMH-16 Rev 1/89

medical examiner must be notified at once.	IMPORTANT: If liem 28 is marked, or liem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
or removal.	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.
ed in by the funeral director, page 5 should be detached for	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in
nours after death. Page 6 may be retained by the hospital	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Triours after death. Page 6 may be retained by the hospital

1. DECEDENT'S NAME (First, Mid	idle, Last)		CER							OF DEATH			3. TIME OF DEATH
MCKINLEY HO									12 /	31/91	A.	YEAR	11.10PM
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. last bir	rthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE C	F BIRTH		0. BIRT	HPLACE (State or Fore
578-07-2684		1, M 2 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month)	Day, Year)	7	De	nmark, SC
9a. FACILITY NAME (If not institut	tion, give stre	et end number)			9b. CITY	r, TOWN	OR LOCATI	ON OF DE				INTY OF	
PRINCE GEORGE	ES HOS	SP CENTE	P		CHE	/FRI	Υ				PRI	NCF	GEORGE
RESIDENCE OF DECED	DENT	JI OLIVIE											
10a. STATE 100	Dain	ce Georg		10c. CIT	istr	ict	Heig!	nts					10d. INSIDE CITY LIMITS?
	1 1 111	00 00018					H. ZIP COO		_		100 017	TIZEN OF	1 XYES 2 N
100. STREET AND NUMBER 1654 Addiso	on Ro	ad				10	2074				iog. Cri	USA	4
11. MARITAL STATUS			T EVER IN U.S. ARMEI	in.	13	WAS DE	CENDENT (E HISPAN	HC ORIGIN	? (Specify Yes	or No-	14. RA	CE — American Indian
1 Never Married 2 K Mar		FORCES? 1	X YES 2 NO			It yes, s	pecify Cuba	n, Mexica	n, Puerto R		01 110	Bla	ck, White, etc.
3 Widowed 4 Divorced	d	IF YES, GIVE W	AR OR DATES			1 [_] YE	6 2 X NO	Specin	r.			Blac	c.K
15. DECEDE	ENT'S EDUCA	ITION	16a. DECEI	DENT'S	USUAL O	CCUPATI	ON of worki		16b.	KIND OF BUS	BINESS/IN	DUSTRY	
(Specify only hig Elementary/Secondary (0-12)	T	College (1-4 or 5+	Me. Do	o NOT u	rse retired.))	ost of world	Tap					_
8th			Auto	o M	lecha	nic				Autor		Cab	Co.
17. FATHER'S NAME (First, Middle	n, Lust)	43					100 111 0			fiddle, Malden	Surneme)		
Charles	Holme	S						atti		lover			
19a. INFORMANT'S NAME (Type/			19b. N	MAILING	GADDRES	Add	and Numbe	Road	Route Numb	oer, City or Tow	n, Stefe, Z	(ip Code)	
Helen S. Ho				Di	stri	Lct	Heig	hts,	Md	. 20	141		
20a. METHOD OF DISPOSITION 1)(XBurial 2 Cremation	3 🗆 Ramo	val from State	20b. PLACE OF other place	0)							ndove		Town, Stata
4 Donation 5 Other (Sp			Harmo	ny	Memo	oria	1 Pai	.K	- 17				
7		The same of the sa											
21. SIGNATURE OF PRIMERIAL	ENVICE LICE	HORE.			22	Inc.	NO ADDRE	SS OF FA	4217	rshall	h S	tree	taln.w.;
23. PART I. Enter the diseahock, or hear	Bus asea, or co	hell omplications tha	it caused the deatluse on each line.	th. Do					Wash	ingto	n, i	D. C	ral Home, N. W., 20011 Approximatinterval Be Onset and
23. PART I. Enter the diseshock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition	asea, or cont fallure. L	mplications the		th. Do					Wash	ingto	n, i	D. C	Approxima interval Be
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		CG.
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	ATTE	000	s aft	28
	8	DIRE	hour	Hem
	TAL	RAL	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, of removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1. DECEDENT'S NAME (First, Middle, Last)					2	DATE OF DEATH		3. TIME OF DEATH
Thom				Hagar		I	December	24, 19	991 4:30am
578-07-3508	5. SEX	8. AGE (In yr. 84	s. last birthday) YRS.	MONTHS DA	EAR IF UNDER :	MIN. 7	Month Day Year	1	BIRTHPLACE (State or Foreign Country) Nelson Co.
De. FACILITY NAME (If not institution, give	street and number)			96. CITY, TO	WN OR LOCATIO	N OF DEAT	, ,		TY OF DEATH
Maryland Gen	eral Hosp	ital		Ва	altimor	e Cit	v		
RESIDENCE OF DECEDENT							-7		
10a. STATE 10b. COUN	TY			Y, TOWN OR L					10d. INSIDE CITY LIMITS?
D.C.			Was	shing					1 🔀 YES 2 🗌 NO
100. STREET AND NUMBER					101. ZIP CODE				EN OF WHAT COUNTRY?
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15. DECEDENT'S ED	UCATION	16e	. DECEDENT'S	USUAL OCCU	PATION		16b. KIND OF BL	ISINESS/INDUS	STRY
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +	,	(Give kind of the Do NOT us	work done durin se retired.)	ng most of working	1		- Harrie Day 3	
12th grade			Guard				N/A		
?. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NAME	(First, Middle, Malder	Surneme)	
Alexander Had	gar				Gar	nett	Scott		
9e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (St	reet and Number o	or Rural Rout	te Number, City or Tox		
Ada Underdown	Hardy		3001	Tenny	son St	ree	t, NW	Washi	ngton,DC 20
0e. METHOD OF DISPOSITION © Burlel 2 Cremation 3 Rec	moval from State	20b.PLA	CE AND DATE	OF DISPOSITIO	N (Name of		DATE 20c. LO	OCATION — CH	ty or Town, Slate
□ Donellon 5 □ Other (Specify)		Mar	yland	Nat:	ional	Ceme	tery I	Laure.	l, Maryland
1. SIGNATURE OF FUNERAL SERVICE L	ICENSEE						Wineral		
111/11-11				77	n. DAC	OHLE	uneral	HOME	
23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition	complications that List only one caus Metasta	se on esch	iina.	344	47 14t	h St	reet, 1	W W	ash. D.C. st, Approximata Interval Between Onset and Das
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31. DATE FILED (Month, Day, Year) JAN _ 2 92

	1. DECEDENT'S NAME (First, Middle, Last) Sadie			1					2, DATE MONT Dec.	of DEATH	~ 1991	YEAR	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER			OF BIRTH	- 1	8. BIRTHP Country)	LACE (State or Fore
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A HO	Deer's Head Center	street and number)			Sal.	JOWN C	ILA TA	ON OF DE	ATH		9c, COUNT		ATH
ECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	TY.		I too CIT	Y, TOWN O	B LOCAT	TION					T :	10d. INSIDE CITY
DIRE		ester										1	LIMITS?
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2	715 Short St	most					218	-			II. S		
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	1 Never Married 2 Merried	FORCES?	WAR OR DATES	10			ecify Cuba 2 🔯 ND	n, Maxica Specify		Rican, atc.)		Black, Specify	White, etc.
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COMPLETED	15. DECEDENT'S ED	UCATION le completed)	(G	ive kind of	USUAL OC	CUPATIO	ON ast of working	107	16	b. KINO OF BU	SINESS/INOU	ISTRY	
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N N	6 Grad		La	bore	er					Facto	orv	Wor	k
S	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First,	Middle, Maiden	Surname)		
ш		Brenney					Maj	W.		Dais	47		
TO B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	and Number	or Rural I	Route Nun	nber, City or Tow	vn, State, Zip (Code)	
	Edward J. Johnson METHOD OF DISPOSITION Buriel 2 Cremetion 3 Removal from State Daniel 5 Other (Specify) The name of Commeters of Com								al ti		. Md.	272	7.7
5							metery, cren	natory or			CATION — C		
	4 Denution 5 Other (Specify)	ney	Cem					Chi	incot	eag	ue Va. Vage F		
САВИТИВО	21. SIGNATORIE OF FUNERAL SERVICE L	ICENSEE .	la.	(Box						
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Goris, M.D., Deer's Head Center, P. O. Box 2018, Salisbury, MD 21802-2018

32. JEGISTRAPIS SIGNATURE Julia Daydson-Randall

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF H	EALTH AND N	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	YJ. A	buliz	1AN		2. DATE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 162-16-4969	1 M 2 K F		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 14,	Co	RTNPLACE (State or Foreign
DIRECTOR	90. FACILITY NAME (If not institution, give s SOULE OF DECEDENT	my land &	lospital	chn	PRIOCATION OF DE		DE COUNTY OF	F DEATH ON DRAW
DIRE	Maryland Princ	e Georges		r Marlb				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
RAL	100. STREET AND NUMBER 9104 Grandhaven A	VA		100	20772		U.S.	F WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 M Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO	If yes, spi			or No.— 14, R/	ACE — American Indian, ack, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor Me. Do NOT use i Supervis	k done during mo: retired.)	on st of working		siness/industri	
	17. FATHER'S NAME (First, Middle, Last) Wilburn H. Jones					E (First, Middle, Melden		
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street e		Schwarzma		
5	Diana Schmidt					rke, VA. 2		
	20a. METNOD OF DISPOSITION 1X Nouriel 2 Commention 3 Remote 4 Donation 5 Other (Specify)		PLACE AND DATE OF				cation - city or	
	21 SIGNATURE OF FUNERAL SERVICE UC				D ADDRESS OF FAC	HITY		tland Rd.
	Duya	Allbox	h	Robert	E. Wilh	elm,Inc. S	Suitland	, MD. 20746
CERTIFICATION	23. PART I. Enter the diseases, or c shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	gest		tea	_	ratory errest, relief	Approximeta interval Between Onset and Death
PHYSICIAN: MEDICAL CE	PART II. Other eignificent conditions	a contributing to deeth b	ut not resulting in	the underlying	ceuse given in P	Part I. 24e. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Chec	ck only one)		
	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 Simpatient 2 ER/Outp 25s. DATE OF INJURY (Month, Day, Year)		OF 28c. INJL Y WOI		Other (Specify) 28d. DE\$CRIBE HOW II	NJURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be datermined	26a. PLACE OF INJURY building, atc. (Spec	— Af home, farm, stre			281. LOCATION (Street a City or Town, State)	and Number or Rura	al Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSK 2 MEDICAL EXAMINET	CIAN: To the best of my knowl R: On the besis of examination	edge, death occurred of end/or investigation,	nt the time, date	and piece, end due to	o fhe cause(s) end men	ner es stated.	e(s) and menner es stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WAS	1 illa	WM	.0	29c, LICENSE NUME D 34 7	274	29d. DATE SIGN	ED (Month, Day, Year)
	14300 (5-0) 31. DATE FILED (Month, Day, Year)	2 Mant	ATURE .	Los#	-12613	3001	'e M	20715
	JAN 0.7 199	31 ava	igdson-Randa	ee_				



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TO BE COMPLETED BY FUNERAL DIFFECTOR

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ı		S	P	ED	D

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

1. DECEDENT'S NAME (First, Middle, Last) SPEDDEN WILSO							MON	ember 3	0, 1	991	3. TIME OF DEATH 8:57 A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YE	AR IF	UNDER 24 HRS.	7. DAT	E OF BIRTN		6. BIRTH	PLACE (State or Foreign
216-18-5496	1 🖾 M 2 🗆 F	72	YRS.	MONTHS DA	WS HO	OURS MIN.	Apr	il 21 1	919	Mary	land
e. FACILITY NAME (If not Institution, give	street and number)			9b. CITY, TO	WN OR L	OCATION OF	DEATN		9c. COU	INTY OF D	EATN
Garrett County M	emorial Ho	ospital		0akla	nd				Gar	rett	
RESIDENCE OF DECEDENT											
Da. STATE 10b. COUNT	TY			TOWN OR LO	OCATION						10d, INSIDE CITY LIMITS?
Maryland Gar	rett		Oak.	land							1 YES 2 NO
e. STREET AND NUMBER					10f. ZII	CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
113 Mary Drive						21550			USA	1	
. MARITAL STATUS Never Merried 2 Merried Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	X YES 2 1		If yes	s, specify	DENT OF HISPA y Cuben, Mexic X NO Spec	can, Puerto	IN? (Specify Year o Rican, etc.)	or No-	14. RACE Bleck Speci	- American Indian, t, White, etc.
15. DECEDENT'S ED			CEDENT'S I	USUAL OCCUP	DATION		10	Sb. KIND OF BUS	INEGO/IN	DHETOV	
(Specify only highest great	e completed)	(G		ork done during		f working	- "	M. KIND OF BUS	NINE 33/IN	DUSTRY	
Elementary/Secondary (0-12) unknown	College (1-4 or 5+)		ance m	an		III	.S. Nav	al A	cade	mv
'. FATHER'S NAME (First, Middle, Last)		110.			-						
	vov In				18		Mae (First	Bennet			
	vey, Jr.										
Dennett Road Man	or N.H.	19		Mary D				mber, City or Town			550
De. METHOD OF DISPOSITION		20b. PLACE	OF DISPOSI	ITION (Name o	of cemete	ry, cremetory or		20c. LO	CATION -	City or To	ven. State
Burial 2 ☐ Cremation 3 ☐ Rer Donation 5 ☐ Other (Specify)	noval from State	Oak	land	Cemet	erv	,		100			ryland
SIGNATURE QELFUNERAL SERVICE L	ICENSES,					ADDRESS OF F	ACILITY				
· Dolent H	Deve	₩001	67							ox 2	43 1. 21550
Sequentielly list conditions, of eny, leading to immediate cause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esulting in death) LAST	b. Respira	OR AS A CONSE	rest OUENCE OF):							
ART II. Other significant condition	d.	death but not		a the warden	da deserva		n Book I	24s, WAS AN			WERE AUTOPSY FINDIN
Peripheral vas	cular dis	ease			rying C	ause given		PERFOR	MED?	240	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
S. WAS CASE REFERRED TO MEDICAL	1			2	S DI AC	E OF OEATH (Thank ank	onel			
EXAMINER?	HOSPITAL:	FMAD. A.	0.00	OTHER:							
1 YES 2 XNO	1 X Inpetient 2 C		28b. TIME		Home !	5 - Residence			nation of	OCUBEA.	
1 X Natural 5 Pending	(Month, D		INJU	URY	WORK	2 NO	280. 0	EŞCRIBE NOW I	NJUHY OC	CUHEO	
2 Accident 3 Suicide 6 Could not be determined	28e. PLACE O	F INJURY — At he atc. (Specify)	ome, farm, a	treet, factory,	office			OCATION (Street of ty or Town, State)		or Rural	Route Number,
ia. CERTIFIER (Check only one) 1 XCERTIFYING PNY 2 MEDICAL EXAMIN											n) and manner as stated
Bb. SIGNATURE AND TITLE OF CERTIFI	Kut	山水			21	D300				TE SIGNET 2-30-) (Month, Day, Year) -91
Donald R. Richte					and,	Md. 2	21550)			
	,				,						

	1 - STATE REGISTRAR			MARYLAND /	ERTIF	ICAT	T OF H	DEAT	AND I		GIEN	_		
	1. DECEDENT'S NAME (First	150N		rcher J IDIE	ohns	on				2. DATE OF DI MONTH 12/30/9	PATH D	NY.	YEAR	3. TIME OF DEATH 6:45 p.m.
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. les	**	IF UNDE	R 1 YEAR	IF UNDER		7. DATE OF BII (Month, Day,	HTH		8. BIRTH	IPLACE (State or Foreign
1	023-20-6115		1 M 2 XF	9	1 YRS.	MONTHS	DAYS	HOURS	MIN.	July 2	1,	1900	Rea	ding, Mass.
1	9e. FACILITY NAME (If not in					9b. CIT	r, TOWN C	OR LOCATIO	ON OF DE	ATH		9c. COUNT		
Ö	University		ng Home			Wh	eato:	n				Mont	gom	ery County
B.	RESIDENCE OF DEC	10b. COUNT	Υ		100 017	Y, TOWN								
DIRECTO	Maryland	Prince	e George	c	100	tsvi		ION						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	z z znc.	e dedige	3	Det	LSVI.		717 444						1 X YES 2 NO
A	4216 Wicomi	CO ATT	97110					2070 ⁵						WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	CO HV	12. WAS DECEDEN	T EVEN IN II O AS									S.A	
BY	1 Never Merried 2 3 Wildowed 4 Divo		FORCES? t	YES 2 K	NO		If yes, spi	ENDENT O	n, Mexica	IIC ORIGIN? (Spe n, Puerto Ricen, /:	elfy Yes	or No-	Blaci Speci	E — American Indian, k, White, etc.
COMPLETED	15. DEC	EDENT'S EDU	CATION	18e, DE	CEDENT'S	USUAL O	CCUPATIO)N		16b, KIND	OF BUS	INESS/INOU	STRY	
E I	Elementary/Secondary (0		College (1-4 or 5	(G life.	live kind of Do NOT u	work done se retired.)	during mo	st of workin	g					
MPI	7th Grade		None	Н	ouse	wife				Ow	n H	ome		
8	17. FATHER'S NAME (First, M	iddle, Last)						18, MOTH	ER'S NA	ME (First, Middle,	Meiden	Sumame)		
BE (William Wil	liams						Elle	n Ka	archer				
TO E	190. INFORMANT'S NAME (?	ype/Print)		198	b. MAILING	ADDRES	S (Street e			Route Number, City	or Town	n, Stelle, Zip C	Code)	
F	Frances L.	Johnso	on, Jr. (Beltsv				0705
	20e. METNOO OF DISPOSITI			20b. PLACE	ANDDATE	OF DISPOS	ITION/Na	me of				CATION — CI		
	4 Donation 5 Donate	(Specify)		Mt. O	Tive	ther place)	neter	ry	0:	1/02/91	Wa	shing	ton.	D.C.
	21. SIGNATURE OF FUNERAL	ERVICE LIG	PINSER	1		22.	NAME AN	D ADDRES	S OF FAC	ILITY				ne, P.A.
	*/Yan	£ 19	Bur	har.		Fi	canci	Ls Ga	isch	's Sons	Fu	neral	Hon	ne, P.A.
	23. PART I. Enter the di	sesses or c	complications the	coursed the de		4,	39 1	balti	more	e Ave.	нуа	ttsvi.	LIE,	Md. 20781
CERTIFICATION	immediate CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if sny, leading to immediate. Enter UNDERLY! CAUSE (Disease or injust that initieted events resulting in death) LAS	ons, flete NG ry	OUE TO	(OR AS A CONSECUTION AS	SUPPLIES OF	F):	luf.	ng.	au	Jung				Interval Between Onset and Death Onset and Death
MEDICAL	PART II. Other significe	nt condition	s contributing to	deeth but not re	esuiting i	in the un	derlying	ceuse g	iven in i	P	VAS AN . PERFORI YES 2	. /	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL					26. PI	ACE OF DE	ATH ICH-	ck only one)			1	
Sic	EXAMINER?		HOSPITAL:	FR/Outnotices 4	_ no.	OTHER	1:							
¥	27. MANNER OF DEATH		28e. DATE OF		28b. TIM		ing Nome 28c. INJU		idence (Other (Speci				
		ending	(Month, De			URY	WOF		NO	28d. DESCRIBE	NOW IN	JURY OCCU	RED	
B	a Carre	nvestigation	28e. PLACE OF	INJURY — At hor	me, ferm, s	treet fect		2 2	NO	201 LOCATION	/D41	1.01		
		Could not be etermined	building,	etc. (Specify)			ory, ornice			281. LOCATION (City or Town	State)	a Number or	Hural Pi	oute Number,
COMPLETED	29e. CERTIFIER	EVING DAVE	NAM: To the base of		-7									
\$	(Check only one) 2 MEON	AL EXAMINER	CtAN: To the best of a	my knowledge, dea sminstion and/or is	mastinatio	n in my o	me, date o	end plece,	end due 1	to the cause(e) e	nd men	er ee stated.		end manner se stated.
	29b. SIGNATURE AND TITLE					my o	piinon, 00				oce, end	due to the o	ause(e)	end manner se stated.
BE I	Mulm	1	Loub					29c. LICEN	SE NUM	BER /		29d. OATE S	RIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WAY	COMPLETED DATE	E OF OFFICE			-	000	10 /			-10	13,	1/41
	MYRON	4. 4	ENRIN				W;	30 9 WEA	700	HORE NO	FIE	20	RI	0
	31. DATE FILED (Month, Day,)	6 199	2 32. REGISTRA	Davidson	-Aand	400								



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JIVISION OF VITAL RECORDS, P.O. BOA 88789,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. P	PURECTOR: After this certificate has been sinned by the attending obbsician and completely filled in by the funeral
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								2. DATE OF	DEATH DA	Y	YEAR	3. TIME OF DEATH
		I FWELL YN						12	3	1	91	8:04 A
4. SOCIAL SECURITY NU 218-12-		5. SEX 1 (XM 2 () F	6. AGE (In yrs. last birthday) 70 yrs.	MONTHS		IF UNDER	24 HRS. MIN.	7. DATE OF I	BIRTH by. (hay)	21	8. BIRTH Country	PLACE (State or Foreign Md
9s. FACILITY NAME (# no			70 1110.	9h CITY	TOWN OR	D I OCATI	ON OF DE		O'L		JNTY OF D	
· ·	BURG HO	SPITAL, IN	С		ROST						LEGAN	
10a. STATE	10b. COUNT	Υ	10c. CI	TY, TOWN O	R LOCATIO	ON						10d. INSIDE CITY
Md	Alleg	any	Ban	rton								LIMITS? 1 YES 2 NO
10e. STREET AND NUMBE					100	ZIP CODI						VHAT COUNTRY?
Rt. 1,	Box 1					2152					JSA	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 D			T EVER IN U.S. ARMED TYPES 2 NO MR OR DATES	H		city Cube	n, Maxica	IIC ORIGIN? (S n, Puerto Rica /:		or No	Black	E — American Indian, c, White, atc. my: White
	ECEDENT'S EDU		16a. DECEDENT	S USUAL OC	CUPATION	N t of working	20	16b. K/P	ID OF BUS	SINESS/IN	IDUSTRY	
Elementary/Secondary		College (1-4 or 5+	-)	f work done d use retired.)		COT WOTAN	•	F	aper			
11		0	Westvac	co Cor	1	_	_					
17. FATHER'S NAME (First, Nelson		O. Llev	vellyn			Ella		ME (First, Midd	Clar			
19e. INFORMANT'S NAME	(Type/Print)		19b. MAILIN	G ADDRESS	(Street and	nd Number	r or Rural I	Floute Number,	City or Tow	n, State, Z	(ip Code)	
Mrs. Cather		ewellyn	Rt. 1				arto	n.Md.				
20e. METHOD OF DISPOS 1 Description 2 Creme	ition 3 🗌 Ren	noval from State	20b. PLACE AND DA of cemetary, cremato	ry or other pi	lace)	(Name		DATE			- City or To	
4 Donation 5 Ott		CENSEE	Mt. View		Lery	n annes	1-3		Mos	COW	Mill	s,Md.
. 0.	CW	10-						nzie E	uner	al F	Home	
pns	2. 11	4160		Ī	onac	coni	ne M	d. 215	30			
disease or condition	Final	List only one cau	se on each line.	e not enter	the mod	da of dy	Ing, auc	h aa cardiad	or reap	iratory a	rrest,	
	ditions, mediata LYING njury	· Can	TOR AS A COUSEQUENCE	inal	ling	the of dy	and	right with	or reap		cerbia	intarval Between Onset and De
disease or condition resulting in death) Sequentially list conif any, leading to impose the cause. Enter UNDER CAUSE (Disease or intal initiated events resulting in death) L.	Final ditions, mediata LYING nijury AST	a. Due to b. Due to c. July to d. Mile to	TOR AS A CONSEQUENCE	one for the un	ling aderypho	the of dy	al de la contra del la contra de la contra de la contra del la contra del la contra de la contra de la contra del la c	ryfine with	or reap	AUTOPS	cerbia	Intarval Between Onset and De
disease or condition resulting in death) Sequentially list conif any, leading to impose the cause. Enter UNDER CAUSE (Disease or intal initiated events resulting in death) L.	Final ditions, mediata LYING nijury AST	a. Due to b. Due to c. July to d. Mile to	TOR AS A CONSEQUENCE	on luces on Bon	ling aderypho	the of dy	al de la contra del la contra de la contra de la contra del la contra del la contra de la contra de la contra del la c	ryfine with	a WAS AM PERMON	AUTOPS	cerbia	Intarval Betwee Onset and De On
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Sequentially flat con- if any, leading to im- cause. Enter UNDER CAUSE (Disease or i that initiated events resulting in death) L PART II. Other signif PART III. Other signif T. MANUER OF DEATH Sequential PART III. Other signif 29. CERTIFIER (Check only One) 29b. SIGNATURE AND TI 30. NAME AND ADDRESS	ditiona, mediata LYING njury AST Cant condition Condition Pending investigation Could not be determined ERTIFYING PHYS REDICAL EXAMIN	b. DUE TO b. DUE TO c. DUE TO d. DUE	death but not resulting the limit of the lim	OFF:	the mod	Cause	given in	Part I. 24 286. LOCATE TO the cause of time, data and	WAS AMPRIMON (Specify) ON (Specify) ON (Specify) (a) and me	AUTOPSI NAMEO?	2 240 ccuned ser or flural stated.	Interval Betwo Onset and De Ons

JAMES

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

ETED.

COMPL

BE

2

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Pages

permit.

10d. INSIDE CITY

IF UNDER 1 YEAR

IF UNDER 24 HRS.

7. DATE OF BIRTH 1-10-1964 S. BIRTHPLACE (State or Foreign Pennsylvania

9a. FACILITY NAME (If not institution, give street and number)

9b. CITY, TOWN OR LOCATION OF DEATH

10f. ZIP CODE

9c. COUNTY OF DEATH

9727 COUNTRY MEADOWSLANE

6. AGE (In yrs. last birthday)

LAUREL

PRIGMORE

HOWARD

RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY

4. SOCIAL SECURITY NUMBER

179-44-7476

Howard

Giunta

DOXM 2 F

5. SEX

10c. CITY, TOWN OR LOCATION Laurel

1 TES 2 TONO 10g, CITIZEN OF WHAT COUNTRY?

Maryland 10e. STREET AND NUMBER

9727 Country Meadows Lane

20723

U. S. A. 14. RACE — American Indian, Black, White, etc.

11. MARITAL STATUS

1 Never Married 2 Married 3 Widowed 4 Divorced

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-Il yes, specify Cuban, Maxican, Puerto Rican, etc. 1 YES 2 NO Specify:

Specify. White

Elementery/Secondary (0-12)

College (1-4 or 5+) 5+

16a, DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) Teacher

Education

16b. KIND OF BUSINESS/INDUSTRY

16. MOTHER'S NAME (First, Middle, Meiden Surname) Elena Giunta

17. FATHER'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (Type/Print)

Clarence J. Prigmore

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Clarence J. Prigmore

160 West 48th Street 20b. PLACE AND DATE OF DISPOSITION (Name of

Reading, Pennsylvania 19606 DATE 20c. LOCATION - City or Town, Stata

20a. METHOD OF DISPOSITION
1 🔀 Burlal 2 🗆 Cremation 3 🗀 Ramoval from State
4 🗎 Donation 5 🗆 Other (Specify)

Gethsemane Cemetery 22. NAME AND ADDRESS OF FACILITY

MuhlenbergTownship, PA. Marzullo Funeral Service

21. SIGNATURE OF FUNERAL SERVICE LICENSEE margue muchael

shock, or heart fellure. List only one cause on each line.

15. DECEOENT'S EDUCATION

3981 Carrollton Road Upperco, MD. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest,

21155

disease or condition_ reaulting in death) Sequentially list conditions,

IMMEDIATE CAUSE (Final

DUE TO (OR AS A CONSEQUENCE OF)

OF HEAD CONTACT WOUND SHOTGUN

if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST

DUE TO (OR AS A CONSEQUENCE OF)

OUE TO (OR AS A CONSEQUENCE OF)

PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Pert I.

24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 | NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

Approximate

interval Between

Onset and Death

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1X YES 2 □ NO

27. MANNER OF DEATH

1 Natural

HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year)

26. PLACE OF DEATH (Check only one) 4 ☐ Nursing Home 5X☐ Residence 8 ☐ Other (Specify) 28c. INJURY AT WORK?

28d. DESCRIBE HOW INJURY OCCURED SELF INFLICTED GUNSHOT WOUND

2 Accident
3 Suicide 8 Could not be 4 Homicide

5 Pending

TOWN 12-31-91 UKM 1 TY 1 YES 2 NO AT HOME

28t. LOCATION (Street and Number or Rural Route Number City or Town, State) 9727 Country MEADOW LANE

29e. CERTIFIER

Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(e) end manner es stated. 2 X MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

28b. TIME OF INJURY

200 SECHATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON

.C.M.E

-1-1992 111 PENN STREET BALTIMORE MARYLAND 21201

31. DATE FILED (Month, Day, Year) 3 '92

32 REGISTRAR'S SIGNATURE

Lulia Davidson-Randalle

iours after death. Page 6 may be retained by the hospital or attending physician. If he the funeral director, nage 5 should be detached for use as the bunal-transit **MARYLAND 21215-0020** notified BALTIMORE, 2 must examiner removal. medical filled in by 0 completely filled the event BOX 68760, and com o burial, traumatic prior to signed by the attending physician Health and Mental Hygiene prior to other P.O. I 0 injury, DIVISION OF VITAL RECORDS. been signed by a Dept. of Health and T 23 shows any In HOSPITAL OR ATTENDING PHYSICIAN: The law i: After this certificate has ir death with the State De is marked, or item 2 DIRECTOR: A pours after of item 28 is 69 TO THE FUNERAL D be filed within 72 h IMPORTANT: If it THE ! 223

DHMH-16 Rev 1/89

If it was seen to the

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
ION OF VITAL RECORDS, P.	
ION OF VITA	P.0.
ION OF VITA	RECORDS,
NOI	TA
	DIVISION

	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for usival.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for usi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.
er death. Page 6 may be retained by the hospital or a	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or a

4. SOCIAL BECUNITY MAMBER 4. SOCIAL BECUNITY MAMBER 2.15-32-196.4 SEX	1. DECEDENT'S NAME (First, Migdle, Last)		CERTIF	FICATE OF	DEAL	H	REG. NO		A second	
TO 27 1929 MARYLAND ANNE ARUNDEL Box. COUNTY MARYLAND ANNE ARUNDEL Box. COUNTY MARYLAND ANNE ARUNDEL Box. COUNTY MARYLAND ANNE ARUNDEL ANNA POLIS TO 27 1929 TO 28 CODE TO 2	Hym Sim.	jus AL	VIN SIMI	1S		,	MONTH D		YEAR	. TIME OF DEATH
ANNE ALUNDEL SENCOUNTY MARYLAND MANE ARUNDEL ANNE POLIS BAS STREET AND NUMBERS 12 OR MCKINLEY ST. TH. MARYLAND MANE ARUNDEL ANNE POLIS BAS COUNTY MARYLAND MANE ARUNDEL ANNE POLIS TH. MARYLAND MANE ARUNDEL ANNE POLIS TH. MARYLAND MANE ARUNDEL ANNE POLIS TH. MARYLAND MARYLAND MANE ARUNDEL ANNE POLIS TH. MARYLAND MARYLAND MANE ARUNDEL ANNE POLIS TH. MARYLAND MARKERS TH. MARKERS TH. MARYLAND MARKERS TH. MARKERS	215-32-1964	1√2M 2 □ F		-	1		7. DATE OF BIRTH (Month, Day, Year)		Country)	
10. SPECIAL NO. NAMEER 12. WAS DECEDENT, SURE IN U.S. A. 11. MARTIAL STATUS 11. MARTIAL STATUS 12. WAS DECEDENT, SURE IN U.S. AND DECEDENT OF HIGH PARK DE	Se. FACILITY NAME (If not institution, give :		NTER					9c. COU	JNTY OF DEA	тн
PART II. Cither the diseases or complications that coused the death. Do not enter the mode of dying, such as cardiec or respiratory or nearly fellure. List only one couse on each fine. PART II. Cither significant conditions, Family for constituting to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions, Family for couse one county of working the conditions, Family for county of the conditions of the county of the conditions of the county of the conditions of the county of the cou	MARYLAND ANN	Y	10c. CI	NAPOLI	S				1	0d. INSIDE CITY LIMITS? YES 2 NO
Security	1208 McKINLEY			10						
JAMES GROSS MARGARET SIMMS 1996. MARLING ADDRESS (Street and Number or Parall Route Number City or Runs, State, Zip Coole)	1 Never Merried 2 Merried	FORCES? t4	WES 2 NO	It yes, sp	ecify Cuben,	, Mexicen,	, Puerto Ricen, etc.)	e or No—	BIBCK, Y	White, etc.
The Informant's Name (Type-Print) The Information of Type-Print) The Information of Type-Print (Type-Print) The Information of Type-Print (Type-Print) The Information of Type-Print) The Information of Type-Print (Type-Print) The Information of Type-Print) The Information of Type-Print (Type-Print) The Information of Type-Print) The Information of Type-Pri	(Specify only highest grade	completed)	(Give kind of life. Do NOT u	work done during mo use retired.)	est of working		9 Т			COLLEGE
PATRICIA Z. SIMMS 100. MALING ADDRESS (Cinete and Number or Rural Pouch Number, City or twm, Steet, 2) Code) PATRICIA Z. SIMMS 120. MCKINLEY ST. ANNAPOLIS, MD. 2140 230. METHOD OF DISPOSITION **Noturial 2 Cremetten 3 Removal from State 4 Donation 5 Other (Speech) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS (Time and Number or Rural Pouch Number) 230. METHOD OF DISPOSITION (Number) **TO COMPANY COMPANY COMPANY OF TWM, Steet 1 DAYE 20c. LOCATION — City or Town, Steet 230. METHOD OF DISPOSITION (Number of Rural Pouch Number) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY REESE & SONS MORTUARY, P. A. 8. 21 WEST ST. ANNAPOLIS, MD. 2144 23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiec or respiratory erreat, interver on the cause. City of the country of the										
20. METHOD OF DISPOSITION	tse. INFORMANT'S NAME (Type/Print)	MMS			and Number o	or Rural Ro	oute Number, City or Tow	n, State, Zij		21403
22. NAME AND ADDRESS OF PACILITY RESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 2140 23. PART I. Enter the disayses, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiretory erreat, shock, or heaft felture. List only one ceuse on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Natural S Pending Immediated immediat	1 Note 2	noval from State	20b. PLACE AND DATE	OF DISPOSITION (N	ame of	_	DATE 20c. LO	CATION —	City or Town	, Stete
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Chack only one) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28. PLACE OF INJURY AT WORK? 1 Netural 5 Pending Investigation 29. PLACE OF INJURY AT NORTH 1 YES 2 NO 26. INJURY AT WORK? 1 YES 2 NO 26. DLACE OF INJURY AT NORTH 1 YES 2 NO 26. DLACE OF INJURY A Home, term, street, factory, office 26. LOCATION (Street and Number or Rural Rouse Number or Rural	Farry &	H. Reese		REESI 821	ND ADDRESS E & S WEST	SOF FACE SONS ST.	MORTUAI ANNAPOI	RY, LIS,	P.A.	21401
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST PART II. Other significant conditional contributing to death but not reaulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO NORLETTION. 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO	iMMEDIATE CAUSE (Finel disease or condition	a. Mysuf	Luscul CA	rediova	s cul	g, such	es cardiec or respi	retory er	reat,	Approximate interval Batwee Onset and Dear
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28c. DATE OF INJURY AT WORK? 1 YES 2 NO 26b. TIME OF INJURY AT WORK? 1 YES 2 NO 26c. INJURY AT WORK?	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa	DUE TO (OR)	AS A CONSEQUENCE O		ythi	wa				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 1 YES 2 NO 2 Accident Investigation 2 Sec. INJURY M 1 YES 2 NO 2 Accident Suicide 6 Could not be 5 Could not be 6 Could not be 6 Could not be 6 Could not be 7 Coul	PART II. Other significant condition	a contributing to deat	th but not reaulting	in the underlyin) cause giv	ven in Pa	PERFOR	RMED?	AM CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
27. MANNER OF DEATH Netural 5 Pending 2 Accident 2 Selection 2 2 2 2 2 3 3 3 3 3	EXAMINER?				ACE OF DEA	ATH (Chec	k only one)		*	YES 2 NO
3 Suicide 6 Could not be 26s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJUI	IRY 28b. TIN	4 Nursing Hom ME OF 26c. INJ JURY WO	URY AT	2		NJURY OC	CURED	
	3 Suicide 6 Could not be	26e. PLACE OF INJI building, etc. (5	URY — At home, term, Specify)	atreet, factory, offic	P	1	261. LOCATION (Street e City or Town, State)	and Number	r or Rural Rout	e Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as	(Check only 1 CERTIFYING PHYSI	CIAN: To the best of my kr	nowledge, death occurr	red at the time, date	and place, a	and due to	the cause(s) end mar	iner as stel	ted.	

31. DATE FILED (Month, Day, 1997)

JAN 0 6 1992 Julia Davidson-Annale

O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29d. DATE SIGNED (Morith, Day, Year)

Dec 31, 1991

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
Charles	Nelson Sm:	th		Dec. 28		
			NDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BI	IRTHPLACE (State or Foreign
232-10-2464	1 ₩ 2 □ F	39 YRS. MONT	THS DAYS HOURS MIN.	May 18, 1		W. Va.
9a. FACILITY NAME (If not institution, give stre			CITY, TOWN OR LOCATION OF DI		9c. COUNTY C	
Memorial Hospital	& Medical (Center (Cumberland		Alleg	gany
10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION			10d, INSIDE CITY
W. Va. Morga	an	Paw	Para			LIMITS?
10e. STREET AND NUMBER	311	I aw	10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
P. O. Box 64			25434		11 6	S. A.
	12. WAS DECEDENT EVER II	I U.S. ARMED	13. WAS DECENDENT OF HISPAI	NIC ORIGIN? (Specify Yea	or No- 14. F	RACE — American Indian.
1 Never Married 2 Married	FORCES? 1 YES		If yes, specify Cuban, Maxico			Black, White, etc. Specify:
3 Wildowed 4 Divorced				,		Black
15. DECEDENT'S EDUCA (Specify only highest grade or	TION ompleted)	16a. DECEDENT'S USU/ (Give kind of work of life. Do NOT use reti	lone during most of working	16b. KIND OF BUS	SINESS/INDUST	PAY .
Elementary/Secondary (0-12)	College (1-4 or 5+)					
Unknown 17. FATHER'S NAME (First, Middle, Lest)		Night Wat		The Ta		
			100		sumame)	
Samuel Smith 19a. INFORMANT'S NAME (Type/Print)		406 4444 1949 433	Mary P RESS (Street and Number or Rural		o Chair 21- O- 1	at .
CONTROL MAN DE LOSS - MAN DE V						
Wayne A. Smith, S1			ning St. Cum N (Name of cometery, crematory or		CATION — City	
1 X Buriel 2 Cremation 3 Remov	rel from State	other place)	Hill Cemetery		Paw. V	
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	Jump	22. NAME AND ADDRESS OF FA	ACILITY	1 GW L	, va.
+ Le A/	ill-		Miller Fune		,	
23. PART I Enter the diseases, or co	molications that ceuse	the deeth. Do not e	Paw Paw, W.			Approximate
shock/or heert fellure. Li			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , , , , , , , , , , , , , , ,	interval Between Onset end Death
iMMEDIATE CAUSE (Final disease or condition	0					
resulting in desth) a.	Sepsis DUE TO (OR AS A	CONSEQUENCE OF:				1 Day
	Urinary Ti	and Infort	· fam			/ David
Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS	CONSEQUENCE OF):	.1011			4 Days
cause. Enter UNDERLYING CAUSE (Disease or injury						
that initiated events	DUE TO (OR AS	CONSEQUENCE OF):				
resulting in death) LAST						
PART II. Other aignificent conditions	contributing to death i	out not recuiting in th	a underlying cause given in	Part I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
_Protein/Calorie	Mainurricio)n		1 _ YES 2	M∑ NO	DF DEATH?
				_	- 1	1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heak anh ann'		
EXAMINER?	HOSPITAL:		HER:			
27. MANNER OF DEATH	1 N Inpatient 2 ER/Out	26b. TIME OF	Nursing Home 6 Residence 28c. INJURY AT	8 Other (Specify) 28d. DESCRIBE HOW	NJURY OCCUPS	
1X Naturat 6 ☐ Pending	(Month, Day, Year)	INJURY	WORK?	Lou. DESCRIBE NOW	J.John Goodhe	
2 Accident Investigation 3 Suicide Could not be	28e. PLACE OF INJUR	/ — At home, ferm, stree		28f. LOCATION (Street	and Number or R	lural Route Number.
4 Homicide determined	building, atc. (Spe	cify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City or Town, State,		
29a. CERTIFIER IX CERTIFYING PHYSIC	IAN: To the best of my know	riedge, death occurred at	the time, data and place, and du	e to the cause(s) and ma	nner as stated	
and a sure a sure			my opinion, death occured at th			use(a) and manner as stated.
29b, SKINANORE AND TITLE DE CERTIFIER			29c. LICENSE NU	The second of the second		GNED (Month, Day, Year)
Millim	1/1					
30. NAME WITH ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Prin	D2540	U	12-	-30-91
Dr. Terry Williams				Building	Cumberl	land, Md.21502
31. DATE FILEDANN GTY 1992	A2 REGISTRAR'S SIGN	ATURE				120000000000000000000000000000000000000
1 1002	(Lacon	- Initia				

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ID THE HEARTHOUNG PHYSICIAN: The law requires that the death certificate be executed within 2+ yours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND	DEPAF	RTMEN	T OF I	HEALTH	AND I	MENT		Ε		3/523
	1. DECEDENT'S NAME (First, Middle, Last)	Emily				_ 01	DLA		2. DAT MON Dec			YEAR	3. TIME OF DEATH 10:15 PM M
	4. SOCIAL SECURITY NUMBER 213 38 1980	5. SEX 1 M 2 TF	6. AGE (In yrs. le		IF UNDER	DAYS	IF UNDE	R 24 HRS	7. DAT	E OF BIRTH oth, Day, Year) 22 1		8. BIRTI Count	HPLACE (State or Foreign ry) ryland
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	r, TOWN	OR LOCAT	ON OF DE				NTY OF	
HOL	6300 Hillmeade Ro	oad			(G1en	n Da	1e			Pr	ince	Georges
DIRECTOR	Maryland Prin	nce Georg	ges		Gleni								10d. INSIDE CITY LIMITS? 1 YES 25 NO
¥	10e. STREET AND NUMBER					10	H. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
띮	6300 Hillmeade H	Road					207	69			Un:	ited	States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 2 Wildowed 4 Divorced	FORCES?	NT EVER IN U.S. AI I YES 2X MAR OR DATES			If yes, s	CENDENT (pecify Cube S 2 1 NO	n, Mexice	n, Puerto	NO		14. RAC	E American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)		(0	ECEDENT'S Give kind of e. Do NOT u	WORK done	CCUPAT during m	ION lost of worki	ing	16	b. KIND OF BUS	SINESS/INI	DUSTRY	
MPL		5+	Te	eache	r		,			County		rnme	nt
BE CO	17. FATHER'S NAME (First, Middle, Last) Aquila Turner									Kemper			
TO	190. INFORMANT'S NAME (Type/Print) Emily Ann Sander	s	16							mber, City or Tow Limore			21213
	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE cemetery, co	AND DATE	OF DISPOS	SITION/N	lama of		DA	TE 20c. LO	CATION —	City or To	own, State 1boro Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		Ly E	22.	NAME &	ND ADDRE	SS OF FA	Y 1 /	4/92 0	pper	Mar	Iboro Md.
	* Kohut E.	Elas	no to	b).						eral Ho Rd. Bo			land 20715
NO	23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. DUE TO	USE DI ENCH (IN	CON	1 <i>E P</i> PF):		ode of dy	ing, auc	h as ca	rdiac or reapi	ratory ar	reat,	Approximate interval Between Onset and Daath
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c	D (DR AS A CONSE										
PHYSICIAN: MEDICAL (PART II. Other eignificant condition	na contributing to	death but not	reaulting	In the us	ndarlyir	ng cause	given in	Part i.	24s. WAS AN PERFOR	MED?	241	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
IA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. P	LACE OF E	EATH (Ch	eck only	one)			
Sic	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE		me 5 R	esidence	8 - Ott	ner (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF	F INJURY Day, Year)	28b. TIR	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	26d. Di	ESCRIBE HOW I	NJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE (building	OF INJURY — At h , etc. (Specify)	ome, ferm,	street, fac	tory, offi	ce			CATION (Street a y or Town, State)	and Numbe	or Rural	Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI CONTROL EXAMINE	ICIAN: To the best o											s) end menner es stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE						-	ENSE NUI					O (Month, Day, Year)
TO B	30 NAME AND ADDRESS OF DEDOCATOR	le control care care	ISE DE DEATH		0.1		D	26/	172		•	1/2	192
	30. NAME AND ADDRESS OF PERSON TO	Si-x/	OF DEATH (ITE		3)	50,	9 9/10		Lar	e Bo	w. 6	/	
	JAN 0 7 1992	32 REGISTR	AR'S SIGNATURE	e									

31. DATE FILED (Month, Day, Year)

JAN 0 7 1992

32 REGISTRAR'S SIGNATURE
Julia Davidson-Randala

Vann 'n Eust

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perms. Pages 1, 2, 3 is before within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR	TMENT OF	HEALTH AND A		91	37524
	1. DECEDENT'S NAME (First, Middle, Lest) VERONICA	Veronica Mar MARY	ry Shegog	ue 606-vt	DEATH	REG. NO.		3. TIME OF DEATH
	157-28-3062	5. SEX 6. AGE	E (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-24-3		BIRTNPLACE (State or Foreign Country) eWark, N.J.
TOR	9a. FACILITY NAME (If not institution, give st 14730 FOURTH RESIDENCE OF DECEDENT	4	#204-B		OR LOCATION OF DEA	ATH	PRIN	OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY PRIM	VCF GENAGE	50 L	ANRE(10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL		7 ITIES		48	01. ZIP CODE 20707		U.S.	N OF WHAT COUNTRY?
Β¥	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR I	S 2 X NO	II yes, s	CENDENT OF NISPANI pecify Cuban, Mexican, \$ 2 X NO Specify:	IC ORIGIN? (Specify Yea n, Puerto Ricen, etc.)	or No.— 14.	RACE — American Indien, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12th Grade	CATION (completed) College (1-4 or 5+) None	16a. DECEDENT'S U (Give kind of w life. Do NOT use	vark done during me e retired.)	ON ost of working	Prince G		77.7
BE COM	17. FATNER'S NAME (First, Middle, Last) Joseph M. Pokrzywa				Jean Ler	ME (First, Middle, Maiden :		
101	Sandra L. Kilpatri	ick (Daughte	er) 11 Lex	kington	Road, Har		yland	21077
	20a. METNOD OF DISPOSITION 1	A A M	Db. PLACE AND DATE OF	tan Cren	matory 01	1/03/91 A1	exandr	or Town, State
	· Such	A Sud	vous	4739 E	Baltimore	S Sons Fun Ave. Hyat	tsvill	le. Md. 20781
	23. PART I. Enter the diseases, or control of the c	a. CAUZ dea (DUE TO (OR AS	each line.			as cardiac or respir	atory arrest	Approximate interval Batween Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. ARTERIO DUE TO (OR AS	A CONSEQUENCE OF	CA		WIAR DI	VEATE	E 46AR
CERTI	that initiated events resulting in death) LAST	d	A CONSEQUENCE OF)					
PHYSICIAN: MEDICAL	Hypo They wis	DIABETE	but not resulting in		g ceuse given in P	Part I. 24a, WAS AN / PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
ICIAN		HOSPITAL;		26. PI	LACE OF DEATN (Chec	ck only one)		
	27. MANNER OF OEATH 12 Natural 5 Pending	1 Inpatient 2 ER/Out		4 Nursing Norr	JURY AT CORK?	Other (Specify) 26d. DESCRIBE NOW IN	JURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURN building, atc. (Spe	Y — Al home, farm, str			281. LOCATION (Street ar City or Town, State)	nd Number or R	Bural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC PHYSI	CIAN: To the best of my know	viedga, death occurred on and/or investigation	I at the time, data i, in my opinion, a	and place, and due to death occured at the H	v the cause(a) and manr	ner as stated. I due to the ca	luse(a) and manner ea stated.
TO BE C	296, SIGNATURE AND TITLE OF CERTIFIER PAUL OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	W EXA	medica	0	29C. LICENSE NUMB	BER 2	29d. DATE 910	GNED (Month, Day, Year)
F 100			C					
	30. NAME AND ADDRESS OF PERSON WHO AND	COMPLETED CAUSE OF DE WAY 420 32. REGISTRAR'S OF OR		SURY!	Rd Hyar	Harille ML	1207	181

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	1. 2,		
. W.~?	Pages	erets.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

91	-7829-033				UN	K. 91-28	0		91	3.	7525	
_	FOR 1 - STATE REGISTRAR	STATE OF M				HEALTH AND	MENT	AL HYGIE!				
	1. DECEDENT'S NAME (First, Middle, Lest) LEVON				-GAUSE		2. DAT	E OF OEATN	DAY	YEAR	3. TIME OF DE	ATH A .M
1	4. SOCIAL SECURITY NUMBER 578-90-0667	1 M 2 D F	6. AGE (in yrs. in		IF UNDER 1 YEAR		7. DATE (Mon	OF BIRTH th, Day, Year)		8. BIRTI Count	HPLACE (State or try)	
TOR	98. FACILITY NAME (If not institution, give so PRINCE GEORGES RESIDENCE OF DECEDENT		AL			96. CITY, TOWN OR LOCATION OF DEATH CHEVERLY				9c. COUNTY OF DEATH PRINCE GEORGES		
DIRECTOR	D.C. 106. COUNTY				y, town on Local						10d, INSIDE CIT LIMITS?	
FUNERAL	3500 14th Street,	N.W.				20010			10g. CIT	U.S	WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 2	RMED NO	If yea,	ECENDENT OF HISPA specify Cuban, Maxic ES 2 NO Spec	can, Puarto	N? (Specify Ye Rican, atc.)	s or No-	14. RACI Blac Spec	E — American Indik, White, etc.	dlen,
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(G	Give kind of v	usual occupa work done during in retired.)		16	Hayne		DUSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) Pearlie Gause					1a. MOTNER'S N			Sumame)		CIY	
TO	190. INFORMANT'S NAME (Type/Print) Donnie GAuse /m	other	19	3500	ADDRESS (Street	t and Number or Rural	Wa:	sh.,DC	200 1	Code)		
	20a. METNOD OF DISPOSITION TO Buriel 2 Cremation 3 Remo		20b. PLACE cemetery, cr	EINCO	Tna Memo	rial Cem	eter	y Su	cation — itlan	id, M	1d.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	1 De	ndy	866	, 1661	ert G. Ma Good Ho	pe Ro	oad, S.	E. W	lash.	nc.)20
	23. PART I. Enter the diseases, of carloss, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	BUNSH	e on each line	O OF	HEAD	ioda of dyling, aud	ch aa car	diac or resp	iratory arr	reat,	Approxin interval I Onset ar	nata Between
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		OR AS A CONSEC									
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions	contributing to d	leath but not r	eaulting i	n the underlyl	ng cause given in	Part i.	24a, WAS AN PERFOR	RMED?	24b.	. WERE AUTOPSY! AMAILABLE PRIOF CDMPLETION OF OF DEATH? 1 YES 2	CAUSE
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 (Y) YES 2 NO	HOSPITAL:			28. I	PLACE OF DEATH (C)	heck only or	ne)				
PHYS	27. MANNER OF DEATH	1 Inpetient 2X I	VJURY	28b. TIME	OF 28c. IN	me 5 Rasidenca	1	r (Specify) SCRIBE NOW I	NJURY OCC	CURED		
ED BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide a Could not be detarmined	12 - 31 - 28a. PLACE OF building, et	INJURY - At ho	me, farm, a	M 1 🗆	YES 2 X NO	28f. LOC	JECT ATION (Street is or Town, State)			Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC 2 MEDICAL EXAMINER	EAN: To the best of m	ly knowledge, de mination and/or i	ath occurre	d at the time, dat	e and place, and due death occured at the	to the car	use(a) and mar	nner ee atate	ed. a ceuse(a) and manner as	stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER WORLD	hight M	D			29c. LICENSE NU	MBER		29d. DATE		(Month, Day, Year)	
-	DONALD G WRIGHT	MD DEM	16	И 27) (Туре,	Print)							
	JAN 0 8 19	32. REGISTRAR	s signature lia Davids	on-72	ndale							



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TO BE COMPLETED BY FUNERAL DIRECT

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

3t. DATE FILED (Month, Day, Year)

AN.07

1992

Julia Davidson-Randall

1 - STATE REGISTRAR	STATE OF M	ARYLAND C	/ DEPART	MENT OF	HEALTH AND F DEATH	MENTA	HYGIEN	E			
1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			3. TIME OF D	EATH
1	Edwa	ard Har	old We	etsel		Dec			91	9:45	AM M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	1		IPLACE (State o	
081-12-8552	1 💭 M 2 🗆 F	97	YRS.	ONTHS DAYS	HOURS MIN.	(Month	i, Day, Year)	,	Counti	Y)	
9a. FACILITY NAME (If not institution, give :	41	- 51		h CITY TOWN	OR LOCATION OF		9 189		Pen:	nsylva:	nia
	•	0				DEAIN		9c. COU	NIY OF D	EATH	
Chesapeake Manor	Extended	Care (enter	Arn	oTq			Anne	e Ar	undel	
10a. STATE 10b. COUNT	Y		10c. CITY,	TOWN OR LOC	ATION					10d, INSIDE C	HTY
Maryland Anne	Arundel		Δτ	napol	ic					LIMITS?	
10e. STREET AND NUMBER	INT UNICE		I A		IOF, ZIP CODE			10- CITI	ZEN OF V	1 YES 2	
136 Porter Drive					00 -00						1 8
11. MARITAL STATUS	12. WAS DECEDENT	EVED IN II O A	ONED	12 110 0	21401					States	
1 Never Married 2 Married	FORCES? 1	X YES 2		If yee,	ECENDENT OF HISPA specify Cuban, Maxis	can, Puarto F	? (Specify Yea Ncan, etc.)	or No	14. RACE Black	— American I c, White, atc.	ndian,
3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE W			1 🗆 YI	S 2 X NO Spec	offy:	No	- 1	Speci	whi	te
15. DECEDENT'S EDU	CATION	Yes	ECEDENT'S US	IIIAL OCCUPA	TION	1405	VIII 05 0110	1		WILL	-
(Specify only highest grade	completed)	- S	Give kind of wor	k done during i	nost of working	100.	KIND OF BUS	INESS/IND	USTRY		
Elamentary/Secondary (0-12)	College (1-4 or 5+)		nker				Banki	ina			
17. FATNER'S NAME (First, Middle, Last)		De	inkel								
Thomas H. Wetse	1				18. MOTNER'S N			Surname)			
	L					riet H					
19a. INFORMANT'S NAME (Type/Print)		1			and Number or Rura						
Lois W. Schweize	r		136 Pc	orter l	Orive Ann	napol:	is Md.	2140)1		
20a. METNOD OF DISPOSITION 1 K Burial 2 Cremation 3 Ram	oval from Stata	20b. PLACE	AND DATE OF	DISPOSITION (Name of	OATE	20c, LOC	CATION —	City or To	wn, Stata	
4 Donation 5 Other (Specify)		Wood	ilawn (Cemete:	ry		E.	lmira	Net	v York	
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22. NAME	ANO ADDRESS OF F	ACILITY	. 1 77				
Kowert C.	Chans	1 10	0- /		ll-Evans						
23. PART I. Enter the diseases, or o			loath Do not	1000	00 Annapo	ILIS R	d. Bov	vie M	lary		
ahock, or heert fellure.	List only one ceus	e on each lin	e.	enter the n	iode or dying, so	cn ss card	usc or respir	atory arr	est,	Approx	imsts i Between
iMMEDIATE CAUSE (Final disease or condition	20	1. 0	11-							Onset a	and Death
reaulting in death)		ME		A							
	DUE TO (OR AS A CONSE	EOUENCE OF):								
Sequentially list conditions,	b										
If sny, leeding to immediate	DUE TO (OR AS A CONSE	OUENCE OF):								
Cause. Enter UNDERLYING CAUSE (Disease or injury	с										
that initiated events	DUE TO (OR AS A CONSE	OUENCE OF):								
resulting in deeth) LAST	d										
PART ii. Other significant condition	a contributing to c	eath but not	requiting in	the rendented	an anno atria t	Dist. I					
3,000	a continuating to t	eath but not	teauting in	the underlyi	ng cause given ii	n Part I.	24a. WAS AN A PERFORE		24b.	WERE AUTOPS'	
						[1 - YES 2	NO		OF OEATN?	F CAUSE
										1 TES 2	□ NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL				PLACE OF DEATH (C	heck only one)				
1 TYES 2 THO	HOSPITAL:	ER/Outpatient		Nursing No	me 5 🗆 Rasidence	6 Other	(Specify)				
27. MANNER OF DEATH	26a. DATE OF II		28b. TIME C	OF 28c. II	JURY AT	1	CRIBE HOW IN	JURY OCC	URED		
1 Natural 5 Pending 2 Accident Investigation	(Month, Day	, rour)	INJUR		YES 2 NO						
3 Suicide	28a. PLACE OF	INJURY — At h	oma, farm, atre	et, factory, off	Ica	28f. LOC4	TION (Street ar	ad Number	or Burni B	husto Alumbar	
4 Nomicide 8 Could not ba	building, a	c. (Specify)				City o	or Town, State)	IG TYOTHER	OF FIGHER 7	oute Hamber,	
						1					
29a. CERTIFIER											-
(Check only 1 CERTIFYING PNYSI											
(Check only 1 CERTIFYING PNYS)										and manner a	e stated.
(Check only 1 CERTIFYING PNYSI	R: On the beals of axe					e time, data		due to the	o cause(s)	and manner a	
(Check only 1 CERTIFYING PNYSI one) 2 MEDICAL EXAMINE	R: On the beals of axe				death occured at the	e time, data		due to the	SIGNED	(Month, Day, Ye	er)
(Check only 1 CERTIFYING PNYSI one) 2 MEDICAL EXAMINE	R: On the beels of exe	of DEATN (ITE	Investigation,	in my opinion,	29c. LICENSE NU	e time, deta	end placa, and	due to the	SIGNED	(Month, Day, Yel 31-9	er)

and the second second

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMEN CERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGI		3/32/
1. DECEDENT'S NAME (First, Middle, Las	1)			2. DATE OF DEATH		3. TIME OF DEATH
MARTIN	EDWADE	i	JESSELLS	MONTH		EAR
4. SOCIAL SECURITY NUMBER			ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		191 0530 M
	1 RM a Del	MONTHS		(Month, Day, Year	•	BIRTHPLACE (State or Foreign Country)
215-20-2299		YRS.		4/7/3	0	VA
9e. FACILITY NAME (If not institution, give	street end number)	9b. CIT	Y, TOWN OR LOCATION OF I	DEATH	9c. COUNTY	OF DEATH
PENINSULA GEN	NERAL HOSPITAL		SALISBURY		WIC	OMICO
PENINSULA GEI						
10e. STATE 10b. COUN	ITY	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY
10e. STATE 10b. COUN	COMACK	1/-	1 121.0	1		LIMITS?
	COMACA	MICH	Chuk	CA		1 VES 2 NO
S INC. STREET AND HOMBEN	•		10f. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
10. STREET AND NUMBER 11. MARITAL STATUS 1 Never Metried 2 F Merried	3		2341	5	U	. S. A
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED 13	. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify	Yee or No- 14	, RACE — American Indien.
	FORCES? 1 TES		If yee, specify Cuban, Maxic			Black, White, etc.
3 Widowed 4 Divorced			TE TES 2 (Quanto Spec	ary.		Specify Who TE
15. DECEDENT'S ED	UCATION	16a. DECEDENT'S USUAL	OCCUPATION	16h KIND OF	BUSINESS/INDUS	7717 / E
(Specify only riights) gra	de completed)	(Give kind of work done life. Do NOT use retired.	during most of working	160. KIND OF	DUSINESS/INUUS	THY
	College (1-4 or 5+)	-		To	RMIN	10
17. FATHER'S NAME (First, Middle, Last)		FARM	ER	//	KMIN	16-
17. FATHER'S NAME (First, Middle, Last)	/ /		18. MOTHER'S N	AME (First, Middle, Maid	ion Surneme)	
SHERMAN	M. WES-	SELLS	E53	SIE M	AFTI	/
19e. INFORMANT'S NAME (Type/Print)			SS (Street and Number or Rura		4/C//A	
-p				House number, City or	lown, State, Zip Co	ide)
XJILLY 1A4	LOR	J. T. 13	NEW (LUKCH		
20s. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Re		LACE AND DATE OF DISPO		DATE 20c.	LOCATION - City	y or Town, State
4 Donetion 5 Other (Specify)	cemet	Pery, cremetory or other place		12/27 /	305	Wall Va
21. SIGNATURE OF PUNERAL SERVICE I	ICENSEE		. NAME AND ADDRESS OF F		2171	MAGGINA
1/101	1.1		THORN	TON FU	NERAL	Home
I del la	Thinh		CHADBOUR		Door	
23. PART I. Enter the diseasea, Di	complications that caused t	the death. Do not ente	the mode of duing au	ch as confice or so		SLEYYA 23421
ahock, or heart failure	. List Dnly Dne cause on eac	ch line.	the mode of dying, au	on an cardine of re	apiratory arrest	Approximate interval Between
IMMEDIATE CAUSE (Final	/ / /	- 11	/ 11 /	,		Onaet and Death
disease or condition resulting in death)	Metasteti,	Juna // (ell /.			1.0
	a. / / U/4/1/4//		7/ 6/4	CALLAN		1 CN L
1	DUE TO (OR AS A C	CONSEQUENCE OF):	4 Lug	Cour		190
	DUE TO (OR AS A C	CONSEQUENCE OF):	O	Cour		190
Sequentially list conditions,	b		0	an		190
Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS A C		o Lig	Gue		190
Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	bDUE TO (OR AS A C	CONSEQUENCE OF):	To Lug	Cour		190
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	CONSEQUENCE OF):	To Lug	Cour		190
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	CONSEQUENCE OF):	o uz	Cour		190
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	CONSEQUENCE OF):	nderlying cause given in	1 Part I. 24e. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the conditions of the conditio	DUE TO (OR AS A C DUE TO (OR AS A C d. DUE TO (OR AS A C d. DOB	CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in the use of the second of the s	26. PLACE OF DEATN (CR: reling Home 5 Realdence 2ec. INJURY AT WORK? 1 YES 2 NO NO NOTICE NO PLACE AND A STATE OF THE PROPERTY	PERF 1 YES 1 YES A Other (Specily) 28d. DESCRIBE NOT 28f. LOCATION (Stree City or Town, Stee a to the cause(e) end residuely end residuel	ORMED? 2 NO WINJURY OCCUR et end Number or intel manner ee stated, end due to the co	AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO NO Rural Route Number,
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IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY DHYSICIAN: MEDICAL CEDTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician. TO THE RUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

Sel a Forth was commented to the first

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

Item 28a,b,c,d,e,f per MDO, G-686, 4/28/92 gn 91-7786-033

37528

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTIF	FICATE O	F DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)			. 62172100		2. DATE OF DEAT	Н		3. TIME OF DEATH
	CHRISTINA		V.	ASHINGT	ON	1 2 3	DAY 19	YEAR	11:35 A ^M
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1	8. BIRTHE	PLACE (State or Foreign
	579 94 0436	1 🗌 M 2 💢 F	25 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Yea 03/18/6		Country)
	9a. FACILITY NAME (If not institution, give st	treet and number)		9b. CITY, TOW	N OR LOCATION OF D			MASII.	,D.C.
HC.				m 1	D .				
DIRECTOR	8624 Flower Ave			Takor	na Park		Pri	nce	Georges
RE	Money 1 am 3			TY, TOWN OR LO	CATION				10d. INSIDE CITY
0	Maryland Pri	nce George	eš Ta	.koma				- 1	LIMITS?
AL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CIT		HAT COUNTRY?
FUNERAL	8604 Flower AVe	nue			20912		Uni	ted S	States
5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED	13. WAS D	ECENDENT OF HISPA	NIC ORIGIN? (Specif	Yea or No-	14. RACE	- American Indian,
	1 Nover Married 2 Married	FORCES? 1		If yea,	specify Cuban, Maxica ES 2 X NO Specific	n, Puarto Rican, atc.)	Black,	White, atc.
BY	3 Widowed 4 Divorced				LO L ZE IVO OPECII	,		B1	lack
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DECEDENT'S	USUAL OCCUPA work done during	TION	16b, KIND OF	BUSINESS/INC		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	He. Do NOT u	se retired.)					
<u>F</u>	12		Compute	r Techn	ician	Comp	uter F	irm	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Me	iden Surneme)		
BE (WILLIAM M. WAS	SHINGTON,	JR.		GLOR	IA J. TA	YLOR		
10 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	t and Number or Rural	Route Number, City or	Yown, State, Zig.	Code)	
F	PEARSON LIDDELL,	, JR.	Rt 5,	Box 30	6 D, Loui	sville.	Miss	39339	1
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION	Nama of		LOCATION -	City or Tow	n State
1	1 🔀 Buriel 2 🗆 Cremation 3 🗆 Ramo 4 🗆 Donation 5 🗆 Other (Specify)	aval from Stata	HARMONY	other place) MEMORTA	T DADV	1			ryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	i initiation i		AND ADDRESS OF FA		ando v c.	., 110	Tyland
	· ///2/ 1	Para	Q M859		ANDER S.	POPE FU	NERAL I	HOME	
	my p.	voyee,	77.	2617	Pennsylv	ania Ave	nue.SE	DC 2	0020
	23. PART I. Enter the disaesas, or c shock, or haert failure. I	omplications that co	eusad tha dasth. Do	not enter the n	noda of dying, suc	h es cardiec or n	spiratory an	rest,	Approximata
	IMMEDIATE CAUSE (Finel								Onset and Death
	disease or condition resulting in death)	STRANE	BUHATION	& BI	-UNT FO	RCE IN	JURY	10	
		DUE TO (OF	R AS A CONSEQUENCE O	F):		11 1 5			
N		DUE TO (OF	R AS A CONSEQUENCE O	F):		HEAD			
TION	Sequentially list conditione, if any, leeding to immediate	DOE 10 (OH	R AS A CONSEQUENCE OF	F):		HEAD			
ICATION	Sequentially list conditions,		TAS A CONSEQUENCE O	F): F):		HEAD			
TIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente		AS A CONSEQUENCE O	F): F):		HEAD			
ERTIFICATION	Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		TAS A CONSEQUENCE O	F): F):		HEAD			
L CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST	AND OT SUC	TAS A CONSEQUENCE O	F): F):		HEAD			
- 11	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente	AND OT SUC	TAS A CONSEQUENCE O	F): F):		Part I. 248. WAS PER	AN AUTOPSY FORMED?	246.)	WERE AUTOPSY FINDINGS
DICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST	AND OT SUC	TAS A CONSEQUENCE O	F): F):		Part I. 248. WAS PER	AN AUTOPSY	24b.)	
DICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST	AND OT SUC	TAS A CONSEQUENCE O	F): F):		Part I. 248. WAS PER	AN AUTOPSY FORMED?	24b.)	MAILABLE PRIOR TO COMPLETION DF CAUSE
DICAL	Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST PART II. Other significant conditions	AND OT SUC	TAS A CONSEQUENCE O	F): F):		Part I. 248. WAS PER	AN AUTOPSY FORMED?	24b.)	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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DICAL	Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OUE TO (OR OUE TO (OR OUE TO (OR MOSPITAL:	RAS A CONSEQUENCE O	F): In the underlyi 28. OTHER: 4 Runing Ho	ng cause givan in PLACE OF DEATH (Ch	Part I. 24a. WAS PER 1 YES	AN AUTOPSY FORMED?	24b. \(\)	MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
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COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ½ YES 2 □ NO 27. MANNER OF DEATH 1 □ Natural 5 □ Pending Investigation 3 □ Suicide 8 □ Could not be determined 29e. CERTIFIER (Check only one) 2 ⅓ MEDICAL EXAMINER? 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF RERSON WHO	OUE TO (OR OUE TO	RAS A CONSEQUENCE OF AS A SOME EQUENCE OF AS A SOME	F): In the underlyi OTHER: 4 Nursing Hc URY 28c. URY 28c. URY 1 streat, fectory, off	ng cause givan in PLACE OF DEATH (Chi me 5 Residence NJURY AT ORK? I YES 2 NO Ica Ita and place, and dua death occured at the 29c. LICENSE NUM O C M	Part I. 24a. WAS PER 1 XYE ack only one) Chy of ther (Specify) 28d. DESCRIBE HC Subject wa 28t. LOCATION (Str. City or Town, St. Takoma Par to the cause(e) and time, date and place (BER	Vacan Wacan Winjury occ Sistrance Si	24b.) County Record are seed as a cause (s) a cause	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO DATEMENT Ind beaten ute Number, Flower Ave., y, MD and manner as stated. Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in desth) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER Certifying Physic Check only only 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	OUE TO (OR OUE TO	ROUTPETION 3 DOA ROUTPETION 3	F): F): In the underlyi OTHER: 4 Nursing He E OF 28c. URY 28c. URY 1 Streat, fectory, off g ad at the time, de nn, in my opinion, Print) Print) Cnn S	ng cause givan in PLACE OF DEATH (Chi me 5 Residence JURY AT ORK? YES 2 NO Ica te and place, and dua death occured at the	Part I. 24a. WAS PER 1 XYE ack only one) Chy of ther (Specify) 28d. DESCRIBE HC Subject wa 28t. LOCATION (Str. City or Town, St. Takoma Par to the cause(e) and time, date and place (BER	Vacan Wacan Winjury occ Sistrance Si	24b.) County Record are seed as a cause (s) a cause	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO DATEMENT Ind beaten ute Number, Flower Ave., y, MD and manner as stated. Month, Day, Year)



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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First, Middle, La Freddie Young	et)					MOR	TE OF DEATH	r	YEAR 91	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DAT	E OF BIRTH		6. BIRTH	PLACE (State or Foreign
245-49-0/10 90. FACILITY NAME (If not institution, gi	1 XM 2 - F	58	YRS.	MONTHS DA		0	nth, Day, Year) 3-16-33		han	lotte MC
					WN OR LOCATION OF I	DEATH		9c. COUNT	TY OF D	EATH
Washington Adve		pital		Tako	ma Park			Mon	itgo	mery
10a. STATE 10b. COU			10c. CITY	Y, TOWN OR L	OCATION					10d. INSIDE CITY
MD P1	cince Georg	ges	Hyan	ttsvil	le					LIMITS?
0e. STREET AND NUMBER					101. ZIP CODE			log. CITIZI	EN OF W	HAT COUNTRY?
6419 Elliott Pl	L				20783		- 1			
I. MARITAL STATUS Never Married 2 Merried Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1. IF YES, GIVE W	TEVER IN U.S. ARA YES 2 NO AR OR DATES	WED O	If yes	DECENDENT OF HISPA is, specify Cuben, Maxic YES 2 NO Spec	can, Puart	ilN? (Specify Yes on Ricen, etc.)	or No— 1	14. RACE Black Specif	•
15. DECEDENT'S E (Specify only highest gr	DUCATION	18e. DEC	CEDENT'S	USUAL OCCUI	PATION	10	5b. KIND OF BUSI	NESS/INDU	STRY	Black
Elementary/Secondary (0-12)	College (1-4 or 5 +	Gua		rork done durin; e retired.)	most of working		C			1 20
7] † h		oua.	Lu				Smiths		, W	ash DC
. FATHER'S NAME (First, Middle, Last)							, Middle, Malden S			
George H. You	ung				Kat		Crosby			
Sarah Yong		196	yatt	Ellio SVIII	et and Number or Rural TACE	1 Route Nu 2078	mber, City or Town,	, Stete, Zip C	Code)	
De. METHOD OF DISPOSITION Burlel 2 Cremation 3 R. Donation 5 Other (Specify)	emoval from Stale	20b. PLACE AI	ND DATEO	F DISPOSITION	N(Name of al Park	1		ATION — CI		
SIGNATURE OF FORERAL SPRINCE	LICENSEE	narmo	orra in		E AND ADDRESS OF F		5-92: I			Md.
1. P. 71/2	ishall	2_			E AND ADDRESS OF F	MULLIT	4217 Washing	9th .	$\operatorname{Str}\epsilon$	eet. N. W.
COMMUNICATION /	. (Car	-di	0-6	ar	- ~	n the	huc	34	Interval Betwee
equantially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury nat initiated events	c	OR AS A CONSEOU	UENCE OF):	ar	ter	sta -	Re	200	Account to the second second
sequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury net initiated events seuting in death) LAST	cDUE TO (OR AS A CONSEQU	UENCE OF)):	,		24a. WAS AN A PERFORM	UTOPSY RED?		Onset and Date of the Control of the
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Jequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury nat initiated eventa easiting in death) LAST ART II. Other algnificant conditions are austromotion of the condition of the	cDUE TO (OR AS A CONSEQU	UENCE OF	the underl	ying cause givan in	n Part I.	24a. WAS AN A PERFORM 1 YES 2	UTOPSY RED?		WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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equantially list conditions, any, leading to immediate ause. Entar UNDERLYING AUSE (Disease or Injury at initiated events equaliting in death) LAST ART II. Other algnificant conditions are austromotion of the condition of the	DUE TO (d	OR AS A CONSECU	DOA 26b. TIME	20 OTHER: 4 Nursing I OF RPY M 1	ying cause givan in Description: PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK? YES 2 NO	heck only of 28d, DE	24a, WAS AN A PERFORM 1 YES 2	UTOPSY HED? NO	24b.	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY!
is equantially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury nat initiated eventa equaliting in death) LAST ART II. Other algnificant conditions and the condition of	DUE TO (d	OR AS A CONSECUTION AS	DOA 26b. TIME INJURIES IN SECTION SECT	OTHER: 4 Nursing I OF 28c. RY M 1 Ireet, factory, c	ying cause givan in PLACE OF DEATH (C) fome 5 Residence INJURY AT WORK? YES 2 NO	heck only of B Oth 28d. DE 281. LO City	24a. WAS AN A PERFORM 1 YES 2 DONE) PER (Specify) ESCRIBE HOW IN. CATION (Street ency or Town, State)	JURY OCCU	24b. Aurul R. Rurul R	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
MYES 2 NO MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be determined No. CERTIFIER Check only	DUE TO (d. DUE TO (d. HOSPITAL: 1 Inperiant 2 28e. DATE OF I (Month, De) 28e. PLACE OF building, e	OR AS A CONSECUTION AS	DOA 26b. TIME INJURIES IN SECTION SECT	OTHER: 4 Nursing I OF 28c. RY M 1 Ireet, factory, c	ying cause givan in PLACE OF DEATH (C) fome 5 Residence INJURY AT WORK? YES 2 NO	heck only of G Oth 28d, DE 281, LO Ch	24a. WAS AN A PERFORM 1 YES 2 DONe) Ver (Specify) ESCRIBE HOW IN. CATION (Street entry or Town, State) Buse(s) end menn- a and place, end	JURY OCCU d Number or er ee stated due to the o	24b. RED Rural R. couse(e)	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ART II. Other algnificant conditions, in any, leading to immediate ause. Enter UNDERLYING AUSE (Olsease or Injury hat initiated events seaulting in death) LAST ART II. Other algnificant conditions are interested in the initiated events are initiated events and initiated events. ART II. Other algnificant conditions are initiated events. ART III. Other algnificant	DUE TO (d	CRAS A CONSECUTION AS A	DOA 26b. TIME INJUDE, farm, st	22 OTHER: 4 Nursing I OF 28c. RY M 1 Irreet, factory, c	ying cause givan in 5. PLACE OF DEATH (C) 10	Part I. heck only of Other 28d, De to the co	24a. WAS AN AN PERFORM 1 YES 2 DONE) VOICE (Specify) ESCRIBE HOW IN. CATION (Street end y or Town, State) RUSS(s) end menn- a and place, end	JURY OCCU JURY OCCU or ee stated due to lhe c	24b. RED Rural R. couse(e)	WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

BALTIMORE, MARYLAND 21203-3146	xurs after death. Page 6 may be retained by the hospital or attending physic
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X	e pe
m	cate

DIVISION OF VITAL RECORDS, P.O.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 10 miss after death. Page 6 may be retained by the hospital or attending physician and completely med in by the funeral director, page 5 should be detached for use as the burlal-trapist be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: It liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day,

TO BE COMPLETED BY FUNERAL

FOR								91		3/530
1 - STATE REGISTRAR	STATE OF I	MARYLAND / DEF CERT			DEATH AND	MENTAI	REG. NO.	_		
1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH		. 3	. TIME OF DEATH
Joseph	Armst	rong				MONT		1001	AR	2:00 P. M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthe	day) IF UNI	DER 1 YEAR	IF UNDER 24 HRS	. 7. DATE	OF BIRTH	6. E		ACE (State or Foreign
578-35-0459	1 M 2 🗆 F	62 YF	IS. MONTH	S DAYS	HOURS MIN.	Feb	1, Day, Year)	000	Country)	land
9s. FACILITY NAME (If not institution, give s	treet and number)	02,	9b. C	ITY, TOWN C	R LOCATION OF		· T// · T	9c. COUNTY		BANGA A SA
Rauls Care Ho										
RESIDENCE OF DECEDENT	me		11.	F.D.:	# Wort	.011	_	Ken	C	
10a. STATE 10b. COUNTY		10c.	CITY, TOW	N OR LOCAT	ION				1	od. INSIDE CITY
arvland Kent			Wort	on					1	LIMITS?
10e. STREET AND NUMBER			11011	7	. ZIP CODE			10g. CITIZEN	OF WH	AT COUNTRY?
"D F D 44				2	1670			IISA		
11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S. ARMED	11	13. WAS DEC	ENDENT OF HIS	PANIC ORIGIN	17 (Specify Yes	or No.— 14.	RACE -	- American Indian,
1 Never Married 2 Married	FORCES?	YES 2 NO			ecify Cuban, Mex				Black, 1	White, etc.
3 Widowed & Divorced	19 -	- 1950		1 1 160	300	iony.			Specify:	Black
15, DECEDENT'S EDU	CATION	16a. DECEDE				16b	KIND OF BUS	SINESS/INDUST	RY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	We Do N	d of work do: OT use retired	ne during mo d.)	at of working					
SECONLARI			4	AN	UR		UA	Riss	O	2
17. FATHER'S NAME (First, Middle Last)	,				16. MOTHER'S	NAME (First, I	Middle, Malden	Sumame)		
40	(Now	12			V	10/	つる	HW		
19e. INFORMANT'S NAME (Type(Print)	8:7A	19b. MAJ	EKA	ESS (Street a	oiwt	HO!	ber Gity or Tow	en, State, Zip Coo	9:16	E. Nd.
20a. METHOD OF DISPOSITION 1. Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE OF DI	SPOSITION L	1. CE	2-27-9		20c. LO	CATION - City	or Town	n, State
21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE	2012.3			ME LE	FACILITY	20 7	ONOC	7	.12.4
Demi	water	De		200	7 enl	STE	15	ب س ن	me	1.21620
23. PART I. Enter the diseases, or canonic shock, or haert fellure.			Do not an	tar tha mo	de of dylng, a	uch as cen	diec or reap	iratory arreat,		Approximate Interval Between
iMMEDIATE CAUSE (Final disease or condition reaulting in death)	Sudi	OC AS A CONSEQUENCE	ce OF):	- p	sol-	Mys	card	lieling.	w	Onset and Death
Sequentially liet conditions, if any, leading to immediate	b. Hy	COR AS A CONSEQUENCE	2207 CE OF):	7						
cause. Enter UNDERLYING	C.									
CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSEQUEN	CE OF):							
resulting in death) LAST	d									
PART II. Other aignificant condition	a contributing to	death but not result	ing in the	underlyin	g cause given	In Part i.	24a. WAS AN PERFOI			WAILABLE PRIOR TO
- L	care	iles m	ee	un	100		1 TYES 2	NO 🗆		COMPLETION OF CAUSE OF DEATH?
51	Man	smerce	0	des	orde	1			1	YES 2 NO
	0	/								
25. WAS CASE REFERRED TO MEDICAL			-	26. PI	LACE OF DEATH	(Check only or	ne)			
EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3 ☐ D		IER:	ne 5 🗆 Residen	na 6 🗆 Othe	e (Specify)			
27. MANNER OF CEATH	28a. DATE O	F INJURY 28b	TIME OF	28c. INJ	URY AT		,	NJURY OCCUR	ED	
1 Natural 5 Pending 2 Accident Investigation	(Month,	Day, Year)	INJURY		YES 2 NO					
3 Suicide 6 Could not be determined	28e. PLACE building	OF INJURY — At home, for atc. (Specify)	arm, atreet,	factory, offic			ATION (Street or Town, Stete)	and Number or F	Rural Ro	ute Number,
20. CERTIFIER										
(Circuit City)	CONTRACTOR OF STREET, LINE SCHOOL	of my knowledge, death							tuse(s) (and manner as stated.

29c. LICENSE NUMBER

30. NAME AND ADDRESS OF PERSON AND COMPLETED CAUSE OF DEATH (IVEN 27) (Type, Print)
HARLY B. ROSS CVESTER TOWN

32. REGISTRARIS SIGNATURE

29d. DATE SIGNED (Month, Day, Year)

21620

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Short		2
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and the contract was poor office of the month of the contract		28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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2	r ren	hed
DO INC	On. 0	n eq
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	, cre	ever
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3	0 0	ma
10000	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Iran
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2	with	rken
	death	E ma
	after	28 19

H. Calizin Kaufman, M. D.,
31. DATE FILED (Month, Day, Year) 32. REGISTRANS SI

DEC 13 '91

32. REGISTRAR'S SIGNATURE
Julia Savidson-Randelle

1. DECEDENT'S NAME (First, Middle, L	A 10. 1	CERTIF			2. DATE O	REG. NO.		3	3. TIME OF DEATN
Constance	A. Burke				Decem	ber 08		91	10:36 A
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF				LACE (State or Foreig
178-18-9153	1 M 2 7 F	7 1 YRS.	MONTHS DAYS	HOURS MIN,		14,19	21	Courney	MD
9a. FACILITY NAME (If not institution, g	·		9b. CITY, TOWN	OR LOCATION OF	DEATH		9c. CDUNT	OF DEA	ATH
Kent & Queen An	ne's Hospita	il, Inc.	Chest	ertown,			K	ent	
10a. STATE 10b. CO			Y, TOWN OR LOCA	ATION				1	Od. INSIDE CITY
MD 1	Kent		Rock H	Hall					LIMITS?
10e. STREET AND NUMBER			10	Of. ZIP CODE			10g. CITIZE		AT COUNTRY?
RD Box 3	64			21661				USA	1
11. MARITAL STATUS	12. WAS DECEDENT ET	VER IN U.S. ARMED	13. WAS DE	CENDENT DF HISP	ANIC DRIGIN?	(Specify Yes o	or No 14	. RACE ~	- American Indian, White, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES X		S 2 X NO Spec		en, etc.)		Specify:	
15. DECEDENT'S	EDUCATION	16- DECEDENTIS	USUAL OCCUPAT	****					White
(Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during m	nost of working	18b, K	IND OF BUSI	NESS/INDUS	TRY	
11	Conege (1-4 or 5+)	Home	naker			Hon	ne		
17. FATHER'S NAME (First, Middle, Lest))			18. MOTNER'S N	IAME (First, Mic	idle, Maiden St	umame)		
Fred Garris					a Jac				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street	and Number or Rura	I Route Number	City or Town,	State, Zip Co	ode)	-
Tom Burke		sam	e as al	oove					
20e. METNOD OF DISPOSITION 1 ↑ Burlel 2 □ Cremation 3 □ F	Removal from State	20b. PLACE AND DATE cemetery, crematory or c	OF DISPOSITION (A	iame of 1 2 / 1	2/9TE	20c. LOCA	ATION - CIT	y or Town	n, State
4 Donetion 5 Other (Specify) _		Valley	Forge 1	Mem Gar	dens	●Va1	llev	For	ge. PA
Man 0	1.11		Fe1	lows-We	11s F	unera	al Ho	ome	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

		FOR
1	-	STATE REGISTRAR
_	_	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Beu	lah	Edvina	Br	ooks	MONTH D		9.17 a
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign
	215 10 4121	1 M 2 X F		MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Co	untry)
	215-18-4121 90. FACILITY NAME (If not institution, give s	- 10	89 YRS.			July 16,		Maryland
~			- 1		OR LOCATION OF D		9c. COUNTY O	
0	Kent & Queen	Anne's	Hospital	Ches	stertown	n, Md.	K€	ent
2	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	,						
E				, TOWN OR LOC				10d. INSIDE CITY LIMITS?
0		Kent	W	orton				1 TYES 2 NO
₹	10o. STREET AND NUMBER			1	of. ZIP CODE			F WHAT COUNTRY?
	Rt. 1 Box 118				21678		U.	S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No.— 14. R.	ACE — American Indian,
BY FUNERAL DIRECTOR	1 Never Married 2 Merried	IF YES, GIVE WAF	YES XXNO		pecify Cuben, Maxica S 2 😿 NO Specif	in, Puerto Ricen, etc.)		leck, White, etc.
	3★ Widowed 4 Divorced			1	o I <u>M</u> ilo apaca	,	31	DIACK
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BUS	SINESS/INDUSTR	4
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	ork done during n retired.)	ost of working	Proces	sing F	Plant,
립	8 th		Facto	ry Wo	cker	Facto	ry	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				18 MOTNER'S NA	ME (First, Middle, Maiden	Sumamal	
	James Wilson					Wilson	Surneme)	
B	19s. INFORMANT'S NAME (Type/Print)							
2	Pier Taylor		196. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip Code)	ina, Pelo3
			1410	valle	sy stree	alli DI . Ci.	IIISUIC	19703
	20e. METNOD OF DISPOSITION 1X Burlet 2 Cremetion 3 Reme	oval from State	20b. PLACE AND DATE O	F DISPOSITION //	lame of	DATE 20c LO	CATION - City or	Town State
	4 Donation 5 Other (Specify)		Union C	hürch	Cemeter	ry12/ 2 8/9	1 Cole	emans. Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22 NAME /	NO ADDRESS OF EA	CILITY		
	F. Dames Q. E.					erkins Fu		
_						43 Rock H		id. 21661
ı	23. PART i. Enter the diseases, prosphock, pr heert failure.	Dmplicetions that o	aused the death, Do n	ot enter the m	ode of dying, suc	h aa cardiac or respi	ratory arrest,	Approximata
	IMMEDIATE CAUSE (Final	List Dilly Dile Coose	on eech mie.					Onset and Death
	disease or condition resulting in death)	m. 1.1	1	/	1.1.	/)	
i	resulting in death)	DUE TO (O	R AS A CONSEQUENCE OF	5/5/	actic 4	cidosis	/	
- 1	£		1 1	/	A dies			i
ο I	Sequentially list conditions,	b. arteric	R AS A CONSEQUENCE OF		ct dire	ase		
¥ I	if any, leading to immediate cause. Enter UNDERLYING		THE RESIDENCE OF	,.				
	CAUSE (Disease or Injury	DUE TO (O	R AS A CONSEQUENCE OF					
ĒΙ	that initiated events reaulting in death) LAST	002 10 (01	A A CONSEQUENCE OF):				i
CERTIFICATION		d						
2	PART ii. Other significant condition	s contributing to de	eath but not resulting in	the underlyle	o couse alven in	Part I. 24a. WAS AN	AUTODOV L	
DICAL			an sat not receiving a	i the underlyn	ig couse given in	PERFOR		44b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă						1 TYES 2	INO	COMPLETION OF CAUSE OF DEATH?
≝ ∥								1 YES 2 NO
z I	3							
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATH (Ch	eck only one)		
S	EXAMINER?	HOSPITAL:		OTHER:	ne 5 🗆 Rasidenca	e C Other (County)		
<u></u> ∃	27. MANNER OF DEATN	28e. DATE OF IN			JURY AT	28d. DESCRIBE NOW II	HIDV OCCUPED	
9	1 Natural 5 Pending	(Month, Day,	Year) INJU	JRY W	ORK?	TOU. DESCRIBE NOW II	NJON1 OCCURED	
à l	2 Accident Investigation	20- 05 405 05 1	A starmer		YES 2 NO			
	3 Suicide 6 Could not be 4 Nomicide detarmined	building, ato	NJURY — At home, larm, at c. (Specify)	rmet, lectory, offi	00	281. LOCATION (Street a City or Town, State)	and Number or Run	ni Route Number,
						cheste	rtown	Md
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the bast of my	knowledge, death occurred	d at the time, dat	end place, end due	to the cause(e) and man	ner se stated	
2			nination end/or investigation					e(e) and manner on stated
						time, data one piece, on	a day to the ceas	ets) end mainter ee stated.
B	296. SIGNATURE AND TITLE OF CERTIFIER		1mp		29c. LICENSE NUI		29d. DATE SIGN	ED (Month, Day, Year)
2					033	514	12	-23-91
Ē	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM 27) (Type,	Print)	1	M1 11-		
	Renta Queen	Annies	Hosp (hes te	rtown	My 2162	0	
2 1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE					
١ ٢	DEC 24 '91	Ali Kail	n-Randale					
		or and ward are	n-pandell					

Time Means of the second

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, Tage 5 should be detached be filed within 72 hours after death with the State Debt, of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
CIAN: The law requir	ertificate has been si the State Dept, of He	or Item 23 show
THE HOSPITAL OR ATTENDING PHYSIC	THE FUNERAL DIRECTOR: After this ce filed within 72 hours after death with to	PORTANT: If item 28 is marked,
F	FA	=

	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR	RTMENT OF	HEALTH AND		HYGIENE	37533	
	1. DECEOENT'S NAME (First, Middle, Last) DANIEL	WATERS	BRATC		DEATH	2. DATE OF	DEATH DAY 30	3. TIME OF DEATH 199 8:25 A.	
	4. SOCIAL SECURITY NUMBER 212-16-7883	1 M 2 - F	GE (In yrs. last birthday) 8 0 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH Pay, Year)	8. BIRTHPLACE (State or Foreign Country)	
TOR	90. FACILITY NAME (If not institution, give s Memorial Hosp RESIDENCE OF DECEDENT	Water Service	Easton	9b. CITY, TOWN OR LOCATION OF DEATH Easton			9c. COUNTY OF DEATH Talbot		
DIRECTOR	10a. STATE 10b. COUNT	, A .		ITY, TOWN OR LOCATION 1111ington				10d. INSIDE CITY LIMITS? 1 YES 2 XNO	
FUNERAL	100. STREET AND NUMBER RT 1, Box 106	o, Pondto			01. ZIP CODE 2 1 6 5 1		10g. Cf	TIZEN OF WHAT COUNTRY? USA	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Never Merried 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR D	ER IN U.S. ARMED	If yes, s	CENDENT OF HISPA specify Cuben, Maxic S 2 ND Spec	en, Puerto Rici	Specify Yas or No— an, etc.)	14. RACE — American Indian, Black, White, etc. Specify: Black	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) Unknown	CATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT u.	usual occupat work done during n se retired.)	nost of working us cont	Su			
BE CO	17. FATHER'S NAME (First, Middle, Lest) Daniel W. Brat 190. INFORMANT'S NAME (Type/Print)	tcher, Sr			Eliza	beth	de, Maiden Surname) Fletche	er	
10	Vaughn Bratch	ner	sam	e as a	bove		City or Town, State, Z		
	20a_METHOD OF DISPOSITION 1	22 2-27	20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) Mt. Pleasant Cem 1/3/			3 / 9 2		City or Town, State	
	•			Fe1 370	lows Fu W. Cvp	neral	Home, St.,Mil	llington, MD	
ATION	23. PART I. Enter the diseases, or chock, or heert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	e. <u>Cuchoo</u> DUE TO (OR A	AS A CONSEDUENCE D	Insa di			c or respiratory a	Approximate Interval Between Onaet and Death	
CERTIFICATION		OUE TO (DR A	AS A CONSEDUENCE D	F):					
MEDICAL	PART II. Other significant condition	a contributing to deet	h but not resulting	in the underlyli	ng ceuse given in		PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 ND	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER:	PLACE OF DEATH (C)				
ву РНУ	27. MANNER DF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE DF INJUI (Month, Day, You	RY 28b. TIM	E DF 28c. IN	JURY AT ORK? YES 2 NO		IBE HDW INJURY OC	CCUREO	
ETED E	3 Suicide S Could not be detarmined	28e. PLACE OF INJU building, etc. (5	URY — At home, ferm, (Specify)	street, factory, offi	ca	281. LOCATIE City or T	ON (Street and Number own, State)	or Rural Route Number,	
COMPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE	CIAN: To the best of my kr R: On the basis of examina	nowledga, dasth occurrently atlon and/or investigation	ed at the lime, dat on, in my opinion,	n and place, and du	to the cause(s) and manner as sta d place, and due to t	nted. the cause(s) and manner as stated.	
TO BE C	296. SIGNATURE AND TITES OF CURTIFIED				29c. LICENSE NU	MBER		TE SIGNEO (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO	AVE (EASTON	Print)	1601				
10	DEC 3139 9 9	32. BEGISTRAR'S S	GNATURE Andell						

15 15 11

				FICATE OF		REG. NO.		
	, 1. DECEDENT'S NAME (First, Middle, Last, Lillian)	Bowma	n		2. DATE OF DEATH MONTH 8	y 91 YEA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6.						2:40 a
- 3	216-30-9239	1 M 2 K F	AGE (In yrs. lest birthday YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	C	IRTNPLACE (State or Foreign ountry)
	9s. FACILITY NAME (If not institution, give	street and number)	81	9b. CITY, TOWN OF	P LOCATION OF DE	Oct 13,1	910	MD
TOR		Hospital		East		-Ain		bot
S I	10s. STATE 10b. COUNT	TV	100					
DIRECTOR	MD	Kent		try, town on Location				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
AL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?
FUNERAL	301 Calvert				21620		USA	
	1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES ZX NO	If yes, spec	cify Cubsn, Maxica	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		RACE — American Indian, Black, White, stc.
BY	0 3 X Widowed 4 Divorced							
8	15. DECEDENT'S EO		18e. DECEOENT	'S USUAL OCCUPATION	V	18b. KINO OF BUS	INESS/INDUSTR	Black
E	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind o	f work done during most use retired.)	t of working			
리	unknown	(, , , , ,	Domes	tic Worl	kor	Hom	0	
COMPL	17. FATHER'S NAME (First, Middle, Last)		Domes	TE WOI		ME (First, Middle, Maiden S		
_								
TO BE	Spencer John 19s. INFORMANT'S NAME (Type/Print)	son				ta Rasbe		
			196. MAILIN	IG ADDRESS (Street and	d Number or Rural F	Route Number, City or Town	, State, Zip Code)
	Evelyn Johns	on	Roc	k Hall,	MD 21	1661		
	20a. METHOD OF DISPOSITION 1 57 Burisl 2 Cremation 3 Ren	noval from State	20b. PLACE AND DATE	E OF DISPOSITION (Nam	ne of	DATE 20c. LOC	ATION — City o	r Town, State
	4 Donation 5 Other (Specify)		Rayarev	Charet Ricl	h 1 9 9 ck		ingto	
	21. SIGNATURE OF JUNERAL SERVICE L		- ANAXARA		ADDRESS OF FAC		111600	W11, 112
	Man P -	Fellows		Fel1	OWS FIL	neral Hon	m e	
	23. PART I. Enter the disease, or	receives						MD 21651
			00.					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7	disease or condition resulting in deeth)	DUE TO (OF	A AS A CONSEQUENCE	e hear-	+ farle	l-e		
CATION	Sequentielly liet conditions, if any, leading to immediate couse. Enter UNDERLYING	b	R AS A CONSEQUENCE	OF):	+ faile	hours,		
CERTIFICATION	resulting in deeth) Sequentielly liet conditions, if any, leading to immediate	bOUE TO (OR	R AS A CONSEQUÊNCE	OF):	+ farle	h-s		Onset and De
	Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bOUE TO (OR d	R AS A CONSEQUENCE (OF): OF):			WITTIPEV .	
	Sequentially liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	bOUE TO (OR d	R AS A CONSEQUENCE (OF): OF):				24b. WERE AUTOPSY FINDIN
	Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bOUE TO (OR d	R AS A CONSEQUENCE (OF): OF):		Part I. 24a. WAS AN A	AED?	24b. WERE AUTOPSY FINDS AMILABLE PRIOR TO
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: MEDICAL	Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions	bOUE TO (OR d	R AS A CONSEQUENCE (OF): OF):		Part I. 24a. WAS AN A PERFORM	AED?	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
AN: MEDICAL	Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (OR c. OUE TO (OR d. OR na contributing to de	R AS A CONSEQUENCE (OF): OF): In the underlying		Part I. 24a. WAS AN A PERFORM 1 YES 2	AED?	24b. WERE AUTOPSY FINON AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
SICIAN: MEDICAL	Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significent conditions.	b. OUE TO (OR d	R AS A CONSEQUENCE (OF): OF): In the underlying 28. PLA	ceuse given in	Part I. 24a. WAS AN A PERFORM 1 YES 2	AED?	24b. WERE AUTOPSY FINDH AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
HYSICIAN: MEDICAL	Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significent conditions.	b. OUE TO (OR c. OUE TO (OR d. HOSPITAL: 14 Patient 2 EF	R AS A CONSEQUENCE (R AS A CO	OF): OF): OF): 28. PLA OTHER: 4 Nursing Nome ME OF 28c. INJUI	CE OF DEATN (Che	Part I. 24a. WAS AN A PERFORM 1 YES 2	AED?	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
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ED BY PHYSICIAN: MEDICAL	Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation	b. OUE TO (OR c. OUE TO (OR d. HOSPITAL: 1-Empatient 2 ER 28s. OATE OF INJ (Month, Day, 1)	R AS A CONSEQUENCE (R AS A CO	OF): OF): OF): In the underlying 26. PLA OTHER: 4 Nursing Nome ME OF 28c. INJURY MORITURY WORITURY YES	CE OF DEATN (Che 5 Residence	Part I. 24a. WAS AN A PERFORM 1 YES 2	JURY OCCURED	24b. WERE AUTOPSY FINDH AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
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PLETED BY PHYSICIAN: MEDICAL	Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be datermined 29s. CERTIFIER (Check only	D. OUE TO (OR d.	R AS A CONSEQUENCE (R AS A CO	OF): OF): OF): 28. PLA OTHER: 4 Nursing Nome ME OF 28c. INJUI JURY M 1 YE street, factory, office	CE OF DEATN (Che 5 Realdence : RY AT KS 2 NO	Part I. 24a. WAS AN A PERFORM 1 YES 2 ck only one) 8 Other (Specify) 28d. DESCRIBE NOW IN. City or Town, State) to the cause(s) and mann	JURY OCCURED Id Number or Rur	24b. WERE AUTOPSY FINDI ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF OEATN 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 4 Homicide 8 Could not be datermined 29s. CERTIFIER (Check only One) 2 MEDICAL EXAMINI	b. OUE TO (OR c. OUE TO (OR d. Ina contributing to de HOSPITAL: 128. OATE OF IN (Month, Day, 1) 28s. PLACE OF IN building, stc.	R AS A CONSEQUENCE (R AS A CO	OF): OF): OF): OF): In the underlying 28. PLA OTHER: 4 Nursing Nome ME OF 28c. INJUI JURY WORI 1 YE etreet, factory, office red at the time, data at	CE OF DEATN (Che 5 Realdence : RY AT KS 2 NO	Part I. 24a. WAS AN A PERFORM 1 YES 2 (Cock only one) 8 Other (Specify) 28d. DESCRIBE NOW IN. City or Town, State) to the cause(s) and mann time, date and place, end	JURY OCCURED Id Number or Rur Iter as stated, due to the caus	24b. WERE AUTOPSY FINDIN ANILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR C. OUE TO (OR d. HOSPITAL: HOSPITAL: When the selection of the selection o	R AS A CONSEQUENCE OF AS A	OF): OF): OF): OF): In the underlying 26. PLA OTHER: 4 Nursing Nome ME OF JURY M 28c. INJUI WORI 1 YE street, factory, office red at the time, data at the time,	CE OF DEATN (Che 5 Residence RY AT K7 S 2 NO	Part I. 24a. WAS AN A PERFORM 1 YES 2 (Cock only one) 8 Other (Specify) 28d. DESCRIBE NOW IN. City or Town, State) to the cause(s) and mann time, date and place, end	JURY OCCURED Id Number or Rur Iter as stated, due to the caus	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO NO Rel Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF OEATN 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 4 Homicide 8 Could not be datermined 29s. CERTIFIER (Check only One) 2 MEDICAL EXAMINI	DUE TO (OR C. OUE TO (OR d. HOSPITAL: HOSPITAL: When the selection of the selection o	R AS A CONSEQUENCE OF AS A	OF): OF): OF): OF): In the underlying 26. PLA OTHER: 4 Nursing Nome ME OF JURY M 28c. INJUI WORI 1 YE street, factory, office red at the time, data at the time,	CE OF DEATN (Che 5 Residence RY AT K7 S 2 NO	Part I. 24a. WAS AN A PERFORM 1 YES 2 (Cock only one) 8 Other (Specify) 28d. DESCRIBE NOW IN. City or Town, State) to the cause(s) and mann time, date and place, end	JURY OCCURED Id Number or Rur Iter as stated, due to the caus	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO NO Rel Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent conditions if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	D. OUE TO (OR C. OUE TO (OR d. OUE	R AS A CONSEQUENCE OF AS A	OF): OF): OF): OF): In the underlying 26. PLA OTHER: 4 Nursing Nome ME OF JURY M 28c. INJUI WORI 1 YE street, factory, office red at the time, data at the time,	CE OF DEATN (Che 5 Residence RY AT K7 S 2 NO	Part I. 24a. WAS AN A PERFORM 1 YES 2 (Cock only one) 8 Other (Specify) 28d. DESCRIBE NOW IN. City or Town, State) to the cause(s) and mann time, date and place, end	JURY OCCURED Id Number or Rur Iter as stated, due to the caus	24b. WERE AUTOPSY FINDIR AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO NO Rel Route Number,
PLETED BY PHYSICIAN: MEDICAL	Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	b. OUE TO (OR c. OUE TO (OR d. Ina contributing to de HOSPITAL: 128s. OATE OF IN (Month, Day, 1) 28s. PLACE OF IN building, stc. COMPLETED CAUSE OF	R AS A CONSEQUENCE OF AS A	OF): OF): OF): OF): In the underlying 28. PLA OTHER: 4 Nursing Nome ME OF	CE OF DEATN (Che 5 Residence RY AT K7 S 2 NO	Part I. 24a. WAS AN A PERFORM 1 YES 2 (Cock only one) 8 Other (Specify) 28d. DESCRIBE NOW IN. City or Town, State) to the cause(s) and mann time, date and place, end	JURY OCCURED Id Number or Rur Iter as stated, due to the caus	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO NO Rel Route Number,

(13)

DAMES OF THE OWNER, THE PARTY OF

BALTIMORE, MARYLAND	rours after death. Page 6 may be retained by the hosp	id by the funeral director, page 5 should be detached or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	OLITTI	IOAI E OI	DEATH	REG. NO),		
				2. DATE OF DEATH	DAY Y	3. TIME OF DEATH	
CASSADY				DECEMBER TO		1 1:30 P	
	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 OATS OF BURTH			
1 M 2 XF	77 YRS.	MONTHS DAYS	HOURS MIN.	JAN 27,	1914	BIRTHPLACE (State or Foreign Country) OHIO	
9a. FACILITY NAME (If not institution, give street and number)					_		
MAGNOLIA HALL NURSING HOME							
TEDENO HOLLE		Onebil	RIOWN		KENI		
1	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY	
ENT	CHESTERTOWN				1 X YES 2 NO		
	101. ZIP CODE				10g. CITIZEI	OF WNAT COUNTRY?	
	16/2)		21620		USA		
12. WAS DECEDENT EVER	IN U.S. ARMEO	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Ye	s or No— 14	14. RACE — American Indian, Black, White, etc.	
FORCES? 1 YES	2 NO					Black, White, etc. Specify:	
IF TES, GIVE WAN ON E	MICO		S Z MO Speci	·y.		WHITE	
CATION	18a. DECEDENT'S	USUAL OCCUPAT	ION	18b. KIND OF BU	USINESS/INDUS	TRY	
	(Give kind of life, Do NOT u	work done during n se retired.)	lost of working				
	MATT. F	IANDLER		II S C	OVERNM	FNT	
	, L		16. MOTHER'S N			1214 1	
	105 81411 1511	Annese /o				vrfe)	
	and the second second second						
oval from Stata	cemetary cremator	v or other place)					
	APITAL CI	REMATORY	1	2-123-91 DC	VER. D	EL.	
ENSER							
1,1/21-		FELL	OWS-WELL	S FUNERAL	HOME	21600	
unas		_					
d.	but not resulting	in the underlyi	ng ceuse given l	n Part i. 24a. WAS A		24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO	
sur, Hes	nessem	Kec	ent	1 🗆 YES	2 🗌 NO	COMPLETION OF CAUS OF DEATH?	
inter						1 TES 2 NO	
		26.	PLACE OF DEATH (C	Check only one)			
HOSPITAL:	tnetlant 2 DOS	OTHER:					
28a. DATE OF INJURY			NJURY AT	8 Other (Specify) 28d. DESCRIBE HOW	/ INJURY OCCU	RED	
		JURY V	VORK?	200. DEGONIBE NOW		100	
(Month, Day, Year)							
		M 1	YES 2 NO				
28e. PLACE OF INJUF building, etc. (Sp	RY — At home, farm,	M 1	YES 2 NO	281. LOCATION (Street City or Yown, State	H and Number or	Rural Route Number,	
28e. PLACE OF INJUR	RY — At home, farm,	M 1	YES 2 NO	281. LOCATION (Stree City or Town, Stat	it and Number or te)	Rural Route Number,	
28e. PLACE OF INJUR building, etc. (Sp IICIAN: To the best of my kno	RY — At home, farm, ecity)	M 1 street, factory, of	YES 2 NO	City or Town, Status to the cause(e) and m	nanner as stated		
28e. PLACE OF INJUR building, etc. (Sp IICIAN: To the best of my kno	RY — At home, farm, ecity)	M 1 street, factory, of	YES 2 NO	City or Yown, State at the cause(e) and me time, data and place,	namer as stated and due to the		
28e. PLACE OF INJUR building, etc. (Sp iICIAN: To the best of my kno ER: On the basis of examinat	RY — At home, farm, ecity)	M 1 street, factory, of	YES 2 NO lice Ite and place, and de death occured at the second	City or Yown, States to the cause(e) end more time, data and place,	namer as stated and due to the	cause(s) and manner as state	
28e. PLACE OF INJUR building, etc. (Sp ilCIAN: To the best of my kno ER: On the basis of examinati	TY — At home, farm, ecity) wiedge, death occur ion and/or investigat	M 1	YES 2 NO lice Ite and place, and de death occured at the second	City or Yown, State at the cause(e) and me time, data and place,	namer as stated and due to the	cause(s) and manner as state	
28e. PLACE OF INJUR building, etc. (Sp iICIAN: To the best of my kno ER: On the basis of examinat	TY — At home, farm, ecity) wiedge, death occur lon and/or investigat	M 1 careet, factory, of	YES 2 NO lice Ite and place, and de death occured at the license N 29c. LICENSE N D 2 3	City or Town, Stal us to the cause(e) and m te time, data and place, UMBER	nanner as stated and due to the	cause(s) and manner as state	
28e. PLACE OF INJUR building, etc. (Sp inclan: To the best of my knot inclan: On the basis of examinet in the basis of ex	TY — At home, farm, ecity) wiedge, death occur ion and/or investigat	M 1 careet, factory, of	YES 2 NO lice Ite and place, and de death occured at the license N 29c. LICENSE N D 2 3	City or Yown, States to the cause(e) end more time, data and place,	nanner as stated and due to the	cause(s) and manner as state	
28e. PLACE OF INJUR building, etc. (Sp ilCIAN: To the best of my kno ER: On the basis of examinati	TY — At home, farm, ecity) wiedge, death occur ion and/or investigat DEATH (ITEM 27) (Typ LILLY L BNATURE	M 1 careet, factory, of	YES 2 NO lice Ite and place, and de death occured at the license N 29c. LICENSE N D 2 3	City or Town, Stales to the cause(e) and more time, data and place, UMBER	nanner as stated and due to the	cause(s) and manner as state	
	DIRSING HOME 12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR IT CATION Completed) CATION Completed) College (1-4 or 5+) DUE TO (OR AS B. DUE TO (OR AS C. DUE TO (OR	DIRSING HOME 10c. CIT 112. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES CATION Completed) College (1-4 or 5+) 18a. DECEDENT'S (Give kind of life. Do NOT U MAIL H. DO LIET ON (OR AS A CONSEQUENCE OF DUE TO (OR AS	TRSING HOME 19. CHESTERTO CHESTERTO 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DE If yes, a 1 YES OWN IF YES, GIVE WAR OR DATES 16. DECEDENT'S USUAL OCCUPAT (Give kind of work done during m like. Do NOT use reliefed.) MAIL HANDLER 19b. MAILING ADDRESS (Street RD 2 BOX 76 CAPITAL CREMATORY 22. NAME OCCUPATION OF COMPANY OF COMPANY OF OHER PLACE 19b. MAILING ADDRESS (Street RD 2 BOX 76 CAPITAL CREMATORY 22. NAME FELL 413 COMPILICATION DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE O	DRSING HOME 10c. CITY, TOWN OR LOCATION	TOTAL CREATER OWN 10c. CITY, TOWN OR LOCATION CHESTERTOWN 10f. ZIP CODE 21620 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 VES 2 VENO IF YES, GIVE WAR OR DATES 11 VES 2 VENO IF YES, GIVE WAR OR DATES COILEGE (1-4 or 5 +) MAIL HANDLER 18b. MAILING ADDRESS (Street and Number or Rural Route Number, City or To RD 2 BOX 764-A3 CHESTERTOWN, Or compeller, crematory or other place) CAPITAL CREMATORY 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) CAPITAL CREMATORY 12-23-9 DO CAPITAL CREMATORY 22. NAME AND ADDRESS OF FACILITY FELLOWS—WELLS FUNERAL 413 HIGH ST. CHESTERTO DOWN FOR AS A CONSEQUENCE OF): a. Date To (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF	THE STERTOWN CHESTERTOWN 100 CITY, TOWN OR LOCATION CHESTERTOWN 107. ZIP CODE 21.620 11. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14 If yes, specify Cuban, Marsican, Puarto Rican, etc.) If y	

2.00

BALTIMORE, MARYLAND 21203-3146	Sure after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-transit permore. In medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, RALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the country of the complete of the country of the cou	

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTI	FICATE	OF DEATH	REG	. NO.		
1. DECEDENT'S NAME (First, Middle, Lest,					2. DATE OF DEA	TN	YEAR 3.	TIME OF DEATH
Harriet Ellen	Cole				Sanbe	C14,19	91	2:50 p
4. SOCIAL SECURITY NUMBER		AGE (in yrs. last birthday	F UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF BIRT	'H	8. BIRTNPLA	CE (State or Foreign
101 50 0060	t 🗆 M 2 🖫 F	O O YRS.	MONTHS D	AYS HOURS MIN.	(Month, Day, Y		Country)	PA
181-50-2068	Λ	8.2 YAS.	A1 01011 01	OWN OR LOCATION OF D	Dec 2		NTY OF DEATH	
9a. FACILITY NAME (If not institution, give			96. CITY, 10	OWN OR LOCATION OF E	PEATN			
Laurelwood Nu	rsing Cer	nter	El	kton		Ce	cil	
RESIDENCE OF DECEDENT								
10e. STATE 10b. COUN	TY	10c. C	ITY, TOWN OR I	LOCATION			100	I, INSIDE CITY LIMITS?
MD C	ecil		Earlev	rille			t [YES 2X NO
10e. STREET AND NUMBER				101. ZIP CODE		t0g. CITI	ZEN OF WHAT	COUNTRY?
14 Carolina A	TTO CXX	ratal Pa	n o h	21919-0	012		USA	
14 CATOTITIA A	t2. WAS DECEDENT E			S DECENDENT OF NISP		the Yea or No		American Indian
1 Never Married 2 Merried	FORCES? 1	YES 2 NO	If y	es, specify Cuban, Maxic	en, Puerlo Rican, #			Americen Indian, hite, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 [YES 2 XNO Spec	tty:		Specify:	771
			- 1					White
15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16a. DECEDENT (Give kind o	of work done dun	JPATION ing most of working	16b, KIND (OF BUSINESS/INC	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT	use retired.)					
12	4	Hor	nemake	r		Home		
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Middle, I	Velden Sumame)		
William H Db				Harri	et Bem	n n +		
William H. Ph	reaner		10 1000000 //				Codel	
		19b. MAILE	TO ADDRESS (S	Street and Number or Rura	nouse rumber, City	or rown, stere, Zip	, 5000)	
Carroll Cole		sai	ne as	above				
20e. METNOD OF DISPOSITION 1 ☐ Buriel 2X Cremetion 3 ☐ Re	mount from State	20b. PLACE OF DISF other place)	OSITION (Neme	of cemetery, crematory or	2	Oc. LOCATION -	City or Town,	State
4 Donetion 8 Other (Specify)	IIIOVAII IIOIII SUIIO		apitol	Cremato	rv	Dover,	DE	
21. SIGNATURE OF FUNERAL SERVICE	JCENSEE ,			ME AND ADDRESS OF				
\ \ \ \ \ \ \ \	1		Fe	ellows Fu	neral	Home.	P. A.	
23. PART I. Enter the diseases, o	+olon	725	20	6 F Mai	n C+	Conilt	on MD	21013
Sequentielly list conditions, if any, leading to immediate	b. //s	R AS A CONSEQUENCE	wich	1	ccicle			
CAUSE (Disease or injury	c. //	R AS A CONSEQUENCE	rais					
that initiated events resulting in death) LAST	note to to	n as a gromostudents	OFF					
Total III de la company de la	d	V.						
PART ii. Other aignificant conditi	one contributing to d	eath but not requisir	o in the und	advino cause alvan i	n Part I 24n I	MAS AN AUTOPSY	245 W	RE AUTOPSY FINDING
PART II. Other algrimeant conditi	one contributing to di	Batti Dut Hot 145uitii	A III THE BUCK	erlying cause given i		ERFORMED?	AV	AILABLE PRIOR TO
					1 🗆	YES 2 NO		MPLETION OF CAUSE DEATH?
							t	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATN (Check only one)		-	
EXAMINER?	HOSPITAL:	70.0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	OTHER:					
		ER/Outpetient 3 DO/		g Nome 5 Residenc			OLDEC	
27. MANNER OF DEATN	28a. DATE OF IN (Month, Day,	Year) 286.	TIME OF 2 INJURY	8c. INJURY AT WORK?	28d. DESCRIBE	NOW INJURY OC	CURED	
1 Natural 5 Pending 2 Accident Investigation		M 1 YES 2 NO						
3 Suicide 8 Could not b	28e, PLACE OF INJURY — At home, farm, street, factory, office				281. LOCATION (Street and Number or Rural Route Number,			
4 Homicide determined	building, et	~ (Specify)			City or Town	i, siale)		
290. CERTIFIER								
(Check only	YSICIAN: To the best of m							
one) 2 MEDICAL EXAM	NER: On the besie of exa	mination end/or investig	ation, in my opi	nion, death occured at t	he time, date end p	lece, end due to 1	he ceuse(e) e	nd manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIF	TER	11		29c. LICENSE N	UMBER	29d. DA	TE SIGNED (M	onth, Day, Year)
Kr. ha.	//	1.10	10.0			•	1-7-1	1-01
I MUNIC		MIL	1811)	DO	5915		100	4 11
30. NAME AND ADDRESS OF PERSON		(24.50	1010
/ Barbara A.			1-Ken	t Health	Ctr,Ce	cilton	,MD	21913
3t. DATE FILED (Month, Day, Year)		O CICNATURE						
NFC 17 '91	32. REGISTRAR	lat Marida >						



DHMH-18 Rev 1/89

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	STATE OF MARY	LAND / DEPAR CERTIF	TMENT ICATE	OF DEA	H AND	MENTAL HYGIEN REG. NO		91 3753
	Mary Chacana	5 MARY	C. CHAC	NAS			2. DATE OF DEATH MONTH	AY 28	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 579-24-7107		E (In yrs. last birthday) 77 YRS.	IF UNDER 1	YEAR IF UND DAYS HOURS	DER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) APRIL 21,	1914	D. BIRTHPLACE (State or Foreign Country) VIRGINIA
TOR	98. FACILITY NAME (If not institution, give str SUBURBAN HOSPITAL RESIDENCE OF DECEDENT				OWN OR LOCA			9c. COUNT	ONTGOMERY
DIRECTOR	MARYLAND MO	NTGOMERY		ITY, TOWN OR LOCATION GAITHERSBURG					10d. INSIDE CITY LIMITS? 1 A YES 2 NO
FUNERAL	10109 GRAVIER COU				101. ZIP CO				S.A.
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Nudowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S 2X NO	11 3	S DECENDENT res, specify Cui	ban, Mexica	NIC ORIGIN? (Specify Yearin, Puerto Ricen, atc.) y:	or No- 1	4. RACE — American Indian, Black, Whita, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUC: (Specify only highest grade of Elamentary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	18a. DECEDENT'S (Give kind of ville. Do NOT us	vork done dur e retired.)	CCUPATION 1 during most of working		166. KIND OF BUS		ВТЯУ
BE COI	17. FATHER'S NAME (First, Middle, Lest) JAMES CONSTANTIN	OPLE				THER'S NA	ME (First, Middle, Maiden A HEON	Sumame)	
2	196. INFORMANT'S NAME (Type/Print) 196. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) JAMES S. CHACONAS (SON) 10109 GRAVIER COURT CATTUED CRIDER OF TOWN, State, Zip Code)								
	20a. METHOD OF DISPOSITION								
11.0	Donation 5 Other (Specify) 4 FT. LINCOLN CEMETERY 12-3 RRENTIOOD MD								
	21. SIGNATURE OF FUNERAL SERVICE LICE	MSEX Jems	`	JOS	ME AND ADDR	WLER	S SONS, I	NC. N	I.W.
	23. PART I. Enter the diseases, or co- ahock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	Performance To the Control of the Co	aach lina.	ot antar th	e moda of d	ying, auc	h aa cardlac or reapl	ratory arrea	t, Approximata interval Batween Onset and Death
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	tu .	Cons	en brea.	T	7 year
IEDICAL CE	PART II. Other algnificant conditions		but not reaulting in	n tha unde	rlying cause	given in	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINED? 26. PLACE OF DEATH (Check only one)								
CIAN: N	EYAMINED?	1 YES 2 NO 1 Residence OTHER: OTHER: 4 Nursing Home 5 Residence							
IYSICIAN: N	EXAMINER? 1 YES 2 NO	1 K Inpatient 2 ER/Out		1 Netural 5 Pending (Month, Dey, Year) 200. Time Of WORK? 2 Accident Investigation (Month, Dey, Year) M 1 YES 2 NO			28d. DEŞCRIBE HOW INJURY OCCURED		
BY PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 1 Inpatient 2 ER/Out 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY M	WORK?	□ NO			
ED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 № Inpatient 2 ☐ ER/Out	28b. TIME INJU	JRY M	WORK?	□ NO	28t. LOCATION (Street a City or Town, State)		
ED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYINO PHYSICIA	28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spa	28b. TIME INJU	M 1 Ireet, fectory,	WORK? VES 2 office	e, and due	281. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,
D BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spa	Y — At home, farm, si crity) Wiedge, death occurre- on and/or investigation	M 1 Ireet, fectory,	WORK? VES 2 office dete and place lon, death occurrence	e, and due	281. LOCATION (Street a City or Town, State) to the cause(a) and man time, data and place, and	nd Number or ner as stated. I due to the c	

Mittetherate
PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

D 3399

31. DATE FILED (Month, Day, Year)

JAN 3 1992 8600 OLD GEORGETOWN ROAD, BETHESDA, MD.

32. REGISTRAR'S SIGNATURE

Spilia Davidon Fonder.

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	TENDING PHYSICIAN; The law requires that the death certificate be executed within 24 wours	man as the state of the form of the state of
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
	2. OATE OF OEATH	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				HYGIENE REG. NO.			
ŀ	1. DECEDENT'S NAME (First, Middle, Lest)					2. OATE OF		YEA		TIME OF DEATH
	Claire Anna For					Dec.	21.	1991		6:00 a M
			MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	ery, Year)	1 c	IRTHPLA Country)	CE (State or Foreign
	000 44 9400	□ M 2 √ F	80 YRS.			Dec.				N.Y.
FUNERAL DIRECTOR	9a. FACILITY NAME (If not institution, give street Rt. 1, Red Lion RESIDENCE OF DECEDENT			Milli:	ngton	EATN		Q .		
2	10a. STATE 10b. COUNTY			OWN OR LOCAT	ION				100	I. INSIDE CITY
E E	MD O.A		M	illin	gton				10	LIMITS?
1	10e. STREET AND NUMBER				ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
	Rt. 1, Red Lion	n Branch	Road		21651			US.	A	
5	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		ENDENT OF HISPAN			r No- 14.	RACE — . Black, Wi	American Indian, hita, atc.
20	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT			2 X NO Specifi		,		Specify:	
	15. OECEDENT'S EOUCATI	on I	16a. DECEDENT'S US	IAL OCCUPATIO	N.	18b KI	NO OF BUSI	NESS/INOUST		White
COMPLEIED	(Specify only highest grade com	pleted)	(Give kind of work	done during mo	st of working	100. 10	NO OF BOSI	NESS/IIIOUS I		
	8	ollege (1-4 or 5 +)	Bookeer	er			U.S.	Gover	nme	nt
5	17. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S NA	ME (First, Mick	dle, Maiden S	urname)		
	Harold Speller				Anna	Schm	idt			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural	Route Number,	City or Town,	State, Zip Cod	le)	
2	Joan Bussey		same	as ab	ove					
	20a METHOD OF DISPOSITION 1 \(\text{D} \) Burlal 2 \(\text{D} \) Cremation 3 \(\text{D} \) Removal	from State	PLACE OF DISPOSITI	ON (Name of cen	netery, crematory or		20c. LOC	ATION — City	or Town,	State
	4 Donation 5 Other (Specify)	A	rlingtor				Wa	shing	ton	D.C.
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE / //			ID ADDRESS OF FA		17	D		
	Jary B.	tellers	5	Fell	ows Fur	neral	Home	e, P.	A.	on, MD215
	shock, heert feliure. List IMMEDIATE CAUSE (Fine) disease or condition resulting in death) e	OUE TO (OR AS A	Drug & CONSEQUENCE OF):	o the	June	* >				interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	OUE TO (OR AS A	CONSEQUENCE OF):	Filmo	sis					
MEDICAL	PART II. Other significent conditions c	ontributing to death bu	ut not resulting in	the underlying	g ceuse given in		4e. WAS AN A PERFORI	IED?	CO OF	RE AUTOPSY FINDINGS ULABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
2	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (C/	neck only one)				
3		OSPITAL: Inpatient 2 ER/Outpe		THER:	e 5 🗆 Rasidenca	6 Other (Specify)			
PH SICIAN.	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJ	URY AT	28d. DESCI	RIBE HOW IN	JURY OCCUR	EO	
	Natural 5 Pending 2 Accident Investigation	(Month, Day, Joan)			YES 2 NO					
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)					Number,				
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 0	N: To the best of my knowl On the basis of axemination							ouse(s) sr	d manner as stated.
	294 SIGNATURE AND TITLE OF CERTIFIER	-/			29c. LICENSE NU			29d. DATE SI	GNED (M	onth, Day, Year)
ן מ	yolly L. Y	semito			CA.A.	3611	3	123	De	e.91
2	36. NAME AND ADDRESS OF PERSON WHO O	TACINTO	ATN (ITEM 27) (Type, Pr	int)				7.7		¥
5	31. DATE FILEO (Month, Day, Year) OFC. 3 0 '91	32. REGISTRAR'S SIGN	andall						· · · · · · · · · · · · · · · · · · ·	

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the hos	detach	Once.
3	2	F
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the funeral director, page 5 should be detached for the first mishing 20 percentages.	the medium is nows are used with the State cept, or required menta hybers pro to buria, centation, or tembral. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
y be	age	9
6 ma	ctor, p	nust
Page	al dire	ner 1
death.	e funera	exami
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Is. WAS DI If yes, 1 I TYPE ENT'S USUAL OCCUPATION OF THE CHINICI ALLING AGORESS (Street ALLING AGORESS (Street ALLING AGORESS (Street DATE OF DISPOSITION (I) IN MEMORY OF OTHER PLACE 12. NAME 22. NAME 22. NAME	ROCKS AN OR LOCATION OF ROCKS CATION CETMAT 101. ZIP CODE 20 ECENDENT OF H specify Cuben, M ES 2 NO S TION 18. MOTHER t end Number or F hy Road Name of anuary 1 Park	PF DEATH 111e	CEMBER TE OF BIRTH Arth, Day, Year) TO 2, 10 CHOP (Specify Year) TO Rican, etc.) Sh. KIND OF BU t, Middle, Melden e Baugh umber, City or Tow	907 9c. COUNT 10g. CITIZ Unit Or No- SINESS/INDU N.I.H Surrame) man n. Stete, Zip C	YEAR 991 8. BIRTHPL Country) M: TY OF DEA! MONT: 16 1 1 EN OF WHA Led S: 14. RACE — Black, V Specify: USTRY	gomery 0d. Inside City LIMITS? YES 2 NO AT COUNTRY? tates American Indian, White		
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DATE OF DISPOSITION (I	Name of anuary I Park	D	an cowir,		and	2087/		
m Memoria	anuary 1 Park	Emory Foster 14111 Esworthy Road Germantown, Maryland 20874 20e. METHOD OF DISPOSITION 1 (Y Burlet 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State						
n Memoria	Park	1 X Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY						
10060	AND ADORESS C	E FACILITY			, –			
Rock	rt A. P	umphr	ey Fune	ral H	lome/	ery Avenue		
Rock	ville.	Maryl	and 208	50	CEOM	ery Avenue		
Do not antar the m	node of dying,	such ss ca	ardiac or reap	ratory srre	st,	Approximate Interval Between		
/	/ /	1	1			Onset and Dast		
disease or condition								
Sequentially list conditions, DIE TO (OR AS A CONSEQUENCE OF): DIE TO (OR AS A CONSEQUENCE OF):								
Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF):								
Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c. Penyllent Vasculer Pisease)								
CAUSE (Disease or injury that initiated events DUE TO (OR AS A/CONSEQUENCE OF):								
resulting in daeth) LAST								
						1		
	ng cause give	in Part i.				ERE AUTOPSY FINDINGS		
9-			1 - YES 2	X) NO	CC	OMPLETION OF CAUSE F DEATH?		
						YES 2 NO		
	PLACE OF DEATH	(Check only	one)					
	ome 5 🗆 Reside	nca 8 🗆 Ot	her (Specify)					
		28d. D	ESCRIBE HOW I	NJURY OCCU	JRED			
M 1 🗆	YES 2 NO							
arm, street, factory, off	lice	281, LC	CATION (Street of ty or Town, State)	and Number o	or Rural Rout	te Number,		
occurred at the time, da	te and plece, end	due to the o	euse(e) and mar	ner en state	d.			
						nd manner ee stated,		
it	26. OTHER: OA 4 Nursing Ho Nursin	26. PLACE OF DEATH 26. PLACE OF DEATH 27. TIME OF STATE	26. PLACE OF DEATH (Check only 26. PLACE OF DEATH (Check only OA 4 X Nursing Home 5 Residence 8 Ot NURY WORK? 1 YES 2 NO arm, street, factory, office 28f. LC ccurred at the time, date and piece, end due to the co	CE OF): ting in the undariying cause given in Part i. 24a. WAS AN PERFOR 1 VES 2 25. PLACE OF DEATH (Check only one) 26. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW II 27d. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW II 27d. LOCATION (Street City or Town, State) 28d. LOCATION (Street City or Town, State)	CE OF): ting in the undariying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. PLACE OF DEATH (Check only one) OTHER: OA 4 Nursing Home 5 Residence 8 Other (Specify) 1. TIME OF INJURY AT WORK? M 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCUPANT, State) 28d. LOCATION (Street and Number of City or Town, State) courred at the time, date and place, end due to the ceuse(e) and manner ea state-igation, in my opinion, death occured at the time, data and place, end due to the	ting in the undariying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO 25. PLACE OF DEATH (Check only one) 26. PLACE OF DEATH (Check only one) 27. TIME OF INJURY AT WORK? M 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28d. LOCATION (Street and Number or Rural Round City or Town, State) 28d. LOCATION (Street and Number or Rural Round City or Town, State)		

15001 Dufief Mill Road Gaithersburg, Maryland 20878

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Kevin M.

Gi1

JAN 6 92

M.D.

3760, BALTIMORE, MARYLAND 21215-0020	ited within 24 hours after death. Page 6 may be retained by the hospital or attending physici	completely filled in by the funeral director, page 5 should be detached for use as the burial- ial, cremation, or removal.	event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	HEGISTHAR		CERTIFIC	AIE OF	DEATH	REG. NO	O.	
	1. DECEDENT'S NAME (First, Middle, Lest) Albert J	G	arrison			2. DATE OF DEATH MONTH 12-18-199	DAY YEAR	3. TIME OF DEATH 2:06 Am M
	4. SOCIAL SECURITY NUMBER 213-24-0443	5. SEX 8. AGE (In yrs		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR Cou	THPLACE (State or Foreign ntry)
	9a. FACILITY NAME (If not institution, give st		96	CITY TOWN	OR LOCATION OF DI	1-29-1911	9c. COUNTY OF	aryland
0 E	Kent & Queen Anne			Cheste		SAIN	Kent	
딦	10s. STATE \ 10b. COUNTY	1 1	10c CITY TO	OWN OR LOCAT	TON			T to a morner out to
DIRECTOR	Ma. j	rent .	U	JOR	TON			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER	+(101	ZIP CODE	78	10g. CITIZEN OF	WHAT COUNTRY?
2	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDENT EVER IN U.S. FORCES? 1 YES 2	ARMED	13. WAS DEC	ENOENT OF HISPAI	NIC ORIGIN? (Specify Your, Puerto Rican, atc.)	es or No— 14. RA	CE — American Indian, ick, Whita, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	400		2 Specifi		So	3/ACK
ETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION 16a.	. DECEDENT'S USU	done during mo	ON st of working	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ISINESS/INDUSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	C U	/		HO	SP: Ti	1 1
COMPL	17. FATHER'S NAME (First, Middle, lest)	5 C A P	P ' C		18. MOTHER'S NA	ME (First, Middle, Maide	Surname)	,
BE	19a. INFORMANT'S NAME (Type/Print)	CE GAR			1799	SIE W	11/50	N
2	MRS . Edws	ad Tinct	196. MAILING ADD	ORESS (Street a	. 0	Route Number, City or To		Townd-2674
	20s. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo	oval from State 20b. PLA cemetery	CE AND DATE OF DI	olace) _		OATE 20c. L	OCATION — City or	Town, State
	21. SIGNATUME OF FUNERAL SERVICE LO	CHEE	000		D ADDRESS OF FA		NOK7	in Mcl -
	Xend	the idal		20	MES!	TERTOW	ind-	21620
	23. PART I. Enter the diseases, or c shock, or heart failure. I	omplications that caused the	desth. Do not d	enter the mo	de of dying, suc	h ss cerdisc or resp	piretory srrest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition	D -		-				Onset and Death
	resulting in death)	OUE TO (OR AS A CON	SEQUENCE OF:	C				Swah
Z	Secure and allow that are state of	a	HAROGO MARION					
RTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CON	SEOUENCE OF):					
FIC	CAUSE (Diseese or Injury that initiated evente	DUE TO (OR AS A CON	ISEOUENCE OF):					
CERT	resulting in death) LAST	1						
- 11	PART II. Other significant conditions	s contributing to deeth but n	ot resulting in th	ne underlying	ceuse given in	Part I. 24a, WAS AI	AUTOPSY 2	Ib. WERE AUTOPSY FINDINGS
DICAL	partial s	mall boa		/ /	iction	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME								OF CEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OT	HER:	ACE OF DEATH (Ch			
2	1 YES 2 NO 27. MANNER OF DEATH	1 Dispatiant 2 ER/Outpatient 28a. DATE OF INJURY	28b. TIME OF			8 Other (Specify) 28d. OESCRIBE HOW		
BY P	1 Natural 5 Pending	(Month, Day, Year)	INJURY	wo	RK?	280. DESCRIBE HOW	INJURY OCCURED	
- 11	3 Suicide 6 Could not be	26a. PLACE OF INJURY — At building, atc. (Specify)	t home, term, street	t, tactory, offic	1	281, LOCATION (Street	and Number or Rura	I Route Number,
	4 Homicide detarmined					City or Town, State		
COMPLEIED		CIAN: To the best of my knowledge						
3		R: On the basis of examination and	or investigation, in	my opinion, d			nd due to the cause	(a) and manner ea stated.
# H	296. SIGNATURE AND TITLE OF CERTIFIER	in ann			29c. LICENSE NUM	ABER		(Month, Day, Year)
2	30 NAME AND APPRESS OF PERSON WHO	COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Pzin	t) •	7007	70	12	1861
	L' Gottfried Bo	umann. M.	D C	heste	rtown	md.	21620	
	DFC 20 '91	32. REGISTRAD'S SIGNATUR	edrus Band	.00				

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7	OR.	H
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	N	A
	PH	ER
	8	5
	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
	1. DECEDENT'S NAMÉ (First, Middle, Lest) VXXIA ALEMA ANNA M. Soland Sol 2. DATE OF DEATH MONTH DAY	GEAR 3. TIME OF DEATH
	4. SOCÍAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F under 1 YEAR F under 24 HRS. 7. DATE OF BIRTH (Month, Day, New) YRS. MONTHS DAYS HOURS MIN. (Month, Day, New) YRS. YRS.	6. BIRTHPLACE (State or Foreign Country)
	9s. FACILITY NAME (If get institution, give street and number) 9s. CITY, TOWN OR LOCATION OF DEATH 9s. CITY	OUNTY OF DEATH
POT:	RESIDENCE OF DECEDENT	s: comico
DIRECTOR	100. STATE 100. COUNTY 100. COM, CO SAISOURY	10d. INSIDE CITY LIMITS? 1 YES 2 NO
0.120		COUNTRY?
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-	- 14. RACE — American Indian, Black, Whita, etc.
BY	1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:	BIACK
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +)	
COMPL	E & M . LA OO & UM K . 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surrarm	
BE C	198. INFORMANT'S NAME (Type/Print). 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State,	Tin Collins
TO	KATHERINE WALKER 5381 THOMAS AVE. QV	1. 1A, VA-19173
	20b. PLACE OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of camelary, crametory or other place) 20b. PLACE OF DISPOSITION (Name of camelary, crametory or other place)	PONE Med.
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 20. CA CUE F	M2 21620
	23. PART i. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory shock, or havet feliure. List only one cause on each line.	
	IMMEDIATE CAUSE (Finel disease or condition CARCIA/AMA OF UTER US	Onset and Death
_	reaulting in death) DUE TO (OR AS A CONSEQUENCE OF):	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	
TIFIC	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):	
0	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOP	SY 24b. WERE AUTOPSY FINDINGS
DICAL	Primary Degenerative Dementia 10 yes 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N: MEDI		1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Yoursing Home 6 Residence 6 Other (Specify)	
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	OCCURED
D BY	2 Accident investigation 3 Suicide e Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Rown, State)	nber or Rural Route Number,
LETE	4 Homicide detarmined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as	stated.
COMPLETED	One) 2 MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opinion, death occured at the time, data and piece, and due to	
BE	Thomas C. Hill In. MD Medical Director D 08008	DATE SIGNED (Morth, Day, Year) 12/30/91
TO BE COI	30. NAME AND ADDRESS OF PERSON WHO COMPUTED CAUSE OF DEATH (ITEM 27) (TYPO. PHINT) THOMPHS C. HITI JR 108 PINE BLUFF Rd. SALISBURY.	11d 21801
10	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davidson-Randelle	

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria		
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	NON	: Aft	r dea	ls n
	ATE	Clor	afte	28
	OR ,	DIRE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	101	TO	pe til	MP
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	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		RTIFICA		באו		2. DATE OF DE	G. NO.		3. TIME OF DEATH	
	Anna Louise	Jeffers						MONTH Dec.	28	YEAR 1991	9:32	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last b	irthday) IF U	NDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIR			IPLACE (State or Foreign	
	220-74-5291	1 M 2 KF	8.3	YRS. MONT	HS DAYS	HOURS	MIN.	(Month, Day,		Country	γ)	
	9a. FACILITY NAME (If not institution, give	street and number)	0.3	9b. 0	CITY, TOWN	OR LOCATIO	ON OF DE		1,190	UNTY OF D	MD MD	
OR O	The Kent & Queen	Anne's Ho	spital T	nc. Ch	ester	tourn	MD		77.			
DIRECTOR	RESIDENCE OF DECEDENT						, m		I KE	ent		
R	1			10c. CITY, TOW	n or Local						10d. INSIDE CITY LIMITS?	
	MD K		1X YES 2 NO									
FUNERAL		TIZEN OF W	WHAT COUNTRY?									
W	S. Crane Str					2165				J	USA	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 V NO	0	If yes, sp	ENDENT O	n, Maxica	HC ORIGIN? (Spen, Puerto Rican, e	olfy Yea or No— (c.)	14. RACE Black Specif	- American Indian, c, White, etc.	
8	15. DECEDENT'S ED	UCATION		DENT'S USUA				16b, KIND	OF BUSINESS/IN	OUSTRY	black	
COMPLET	(Specify only highest grad	College (1-4 or 5+)		kind of work do NOT use retire	one during mo id.)	st of workin	g					
MPL	6		Ноп	nemak	er				Home			
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NA	ME (First, Middle, i				
BE (Joseph Wilson					На	tti	e Wrig	h t			
	19s. INFORMANT'S NAME (Type/Print)		19b. N	ALLING ADDR	ESS (Street a	nd Number	or Rural F	Poute Number, City	or Town, State, Z	ip Code)		
10	Thomas Jeffer	S	F	RT 1.	Box	262	- A .	Milli	ngton.	MD	21651	
	20a. METHOD OF DISPOSITION 1 XBurlel 2 Cremetion 3 Ref	novel from State	20b. PLACE AND	DATE OF DISE	POSITION (Na	me of		DATE 2	Oc. LOCATION -	- City or Tox	wn, State	
	4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	locuses.	Januar	cy 4.	1991	Joh	n W	esley	Cem.Mi	llir	ngton, MD	
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE			22. NAME AN	ID ADDRES	S OF FAC	CILITY			12	
	Hary	tellow	2		370 V	ows .	run	eral H	ome, E Milli	ngto	on.MD 216	
	23. PART I. Enter the diseeses, or shock, or heert failure.	complications that	ceused the deeth	n. Do not en	ter the mo	de of dyle	ng, sucl	h as cerdisc or	respiratory a	rreat,	Approximate	
	IMMEDIATE CAUSE (Finel	List billy bile caus	e on eech line.									
	immediate cause (Finel disease or condition resulting in death) a. Acuto cardeac arrest due to											
NO	resulting in death) a. Mul Q (andler arrest due to DUE TO (OR AS A CONSEQUENCE OF):											
	resulting in death)	a. COUNTO (C	OR AS A CONSEQUE	2 de	ac	ar	re	Ad	ue t	6	Interval Betwee Onset and Dasi	
		a CAD	OR AS A CONSEQUE	ENCE OF):	ac (1):	ar	re.	T d BABLL	ue t	6 Z	interval Betwee	
ATION	Sequentially liet conditione, if any, leeding to immediate	a CAD	DR AS A CONSEQUE	ENCE OF):	() :	ar p	re.	ST d	en I	6 [interval Betwee	
FICATION	Sequentially liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. CAD DUE TO SE CAT CAT CAT DUE TO SE CAT CAT CAT CAT CAT CAT CAT CA	DR AS A CONSEDUE	ENCE OF):	1):	ar p	re.	ST d	ene t	E	interval Betwee	
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ਹ	Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events	b. CAD DUE TO KE C. CHAT ONE TO (C	DR AS A CONSEQUE	ENCE OF):	(1)	e p	RO.	BABLL Pert I. 24s, W	AS AN AUTOPSY	_	Interval Betwee Onset and Deat	
$\overline{\mathbf{O}}$	Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events resulting in death) LAST	b. CAD DUE TO KE C. CHAT ONE TO (C	DR AS A CONSEQUE	ENCE OF):	(1)	e p	RO.	BABL(AS AN AUTOPSY ERFORMED?	24b.	interval Betwee Onset and Daar MERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE	
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COMPLETED BY PHYSICIAN: MEDICAL CI	Sequentially liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 3 Suicida 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	b. DUE TO KE C. QUE TO (C d.	DR AS A CONSEQUE DR AS A CONSEQUE ER/Outpatient 3 INJURY At home, C. (Specify) IN y knowledge, dasth minstion and/or inve IN INDIRATION AND INVENTIGATION AND INVENTIG	ENCE OF): ENCE OF): Since OF	underlying 28. PL IER: Nursing Hom 28. INJI Listory, office	ACE OF DE	EATH (Che lidence No and due and st the s	Pert I. 24s. W P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AS AN AUTOPSY ERFORMED? YES 2 No HOW INJURY OC Street and Number State) dd manner as ste ce, and due to te	24b. CCURED or or Rural Ro	interval Betwee Onset and Daar Onset and Onset	

WashingtonAve, Chestertown, MD 21620

-Andree

516

32. REGISTRAN'S SIGNATURE
Juna Davidson

M.D.

'92

Harry

31. DATE FILED (Month, Day, Year)

S

Ross

Mark Strain Strain Strain Strain

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / I	DEPARTMENT OF	HEALTH AND	MENTAL HYGIENE
CE	RTIFICATE O	F DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARY		TMENT OF CATE OF		MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
1	HARRY F. Jen	aan ID					8 199	7:35 p.m
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
	106 16 2002	1 X X M 2 □ F	6 7 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)
	186-16-3893 9a. FACILITY NAME (If not institution, give str		6/	Oh CITY TOWN	OR LOCATION OF OR		9 Z 4	MEDIA, PA.
~								
0	KENT AND QUEEN	ANNES HO	SPITAL	CHESTE	RTOWN,	MD.	KEN	T
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	, TOWN OR LOCA	ATION			10d. INSIDE CITY
<u>۾</u>	PA.		T.J. A. T.	LINGFO	DD			LIMITS? 1 YES 2 1 NO
	10e, STREET AND NUMBER		WAL		Of, ZIP CODE		10a, CITIZEN	OF WHAT COUNTRY?
R	OOF G PROUTE	DNGE DD		Ι,	0006			CA
W	805 S. PROVID	LNCE KD. 12. WAS DECEDENT EVE	D IN II C ADMED		9086	IIC ORIGIN? (Specify Yaa		S A
	1 Never Married 2 X Married	FORCES? 1 V	ES 2 NO	If yes, s	pecify Cuban, Maxica	n, Puarto Rican, alc.)	U 110-	. RACE — American Indian, Black, White, etc.
BY FUNERAL	3 Widowed 4 Divorced	IF YES, GIVE WITH OI		1 - YE	S 2 X NO Specify	<i>r</i> :		Specify: WHITE
	15. OECEDENT'S EDUC	CATION	WIII	USUAL OCCUPAT	ION	16b, KIND OF BUS	INESS/INDUST	
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of v	vork done during n e retired.)	lost of working	OWNER	OPER	ATOR
7	1 2	College (1-4 or 5+)	ATTOMO	DII T	EPAIR			REPAIR
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		AUTOMO	DILL I		ME (First, Middle, Maiden		REPAIR
	- / · · · · · · · · · · · · · · · · · ·	sen			A DOME			
띪	19a. INFORMANT'S NAME (Type/Print)		10h MAILING	ADDRESS (Street		R HIELM Route Number, City or Town	State 7in Co	del
임	ANNE T. Jense	n						
	ANNE T. Jense		20b. PLACE OF DISPOS	. PROV	IDENCE	RD. WALL	INGFO	RD PA
	1 ☑ Burial 2 ☐ Cremetion 3 ☐ Ramo	oval from Stata	other place)					
	4 Donation 5 Other (Specify) 21. SIGNATURE OF CONTERAL SERVICE LIC		MEDIA CE		AND ADDRESS OF FA		DIA.	PA.
	21. SIGNAL SERVICE ELO	111				ERAL HOM	E-	21651
	Mary B.J.	Mous						NGTON, MD.
	23. PART i. Enter the diseasea, or constant feilure. I			ot enter tha m	ode of dying, suc	h as cerdiac or respi	ratory arrest	t, Approximate
	iMMEDIATE CAUSE (Finei				a	1	9	0
	disease pr condition resulting in death)	acuto M	wandi	alder	enchlori	or Pul	UNIN	My
	resulting in death)	DUE TO (OR	SA CONSEQUENCE OF	F):	Willes - Chile	10 1000	777	
z		b.	Em lo	Tus				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE O	F):				
S	ceuse. Enter UNDERLYING CAUSE (Disease or injury	C						
	that initiated events	DUE TO (OR A	AS A CONSEQUENCE OF	F):				
E	resulting in deeth) LAST	d						
	PART ii. Other significant condition	s contributing to deat	h but not resulting	in the underivi	ng cause given in	Part I. 24a. WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS
CAL			775				MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă		DITTOC		11/6		1 🗆 YES 2	NO	DF DEATH?
Σ						'		1 WES 2 NO
A N	25. WAS CASE REFERRED TO MEDICAL							
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch			
Σ	1 YES 2 NO 27, MANNER OF DEATH	1 Inpatiant 2 ERA	Outpatient 3 DOA		INJURY AT	6 Other (Specify)	N ILLEY OCCUE	250
	1 Netural 5 Pending	(Month, Day, Ye	ar) IN.	IURY V	ORK?	280. DESCRIBE NOW I	NJOHY OCCUP	120
ВУ	2 Accident Investigation	00- PL 105 05 NU	Umar Allana		YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (URY — Al home, farm, Specify)	street, ractory, or	ica	28f. LOCATION (Street : City or Town, State)		Hurer Houte Number,
E								
COMPLETED	(Check only	CIAN: To the best of my k		CONTRACTOR OF THE PARTY OF THE	THE STATE OF THE S			
0	one) 2 MEDICAL EXAMINE	R: On the beals of axamin	ation and/or investigation	on, in my opinion	death occured at the	time, data and place, ar	d due to the c	cause(a) and manner as stated.
EC	29b. SIGNATURE AND TITLE OF CERTIFIED	. /	11.1	0.11	29c. LICENSE NU	MBER	29d. DATE S	SIGNED (Month, Day, Year)
0	1	Mark	11111	MA	1010	001	12	-29-91
오	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED DAUSE OF	DEATH (ITEM 27) (Type	, Print)			7.50	
	Harry Ross.	M.D. 51	6 Washin	aton	TTO Ch	estertow	nMd	21620
Sh	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	GIGNATURE	18 COH 1	VP., UI	PSIPFLOW	и, ма	- / LD/-U
1	DEC 3 0 '91	Achia Davidson	-Randell					
$\overline{}$				· · · · · · · · · · · · · · · · · · ·				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygieve prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	death. Page 6 may be retained by the hos	funeral director, page 5 should be detached	examiner must be notified at once.	
0005	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after de) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fa-	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	STAT	E OF MARYLA	ND / DEPARTMENT OF HEALTH CERTIFICATE OF DEAT		MENTAL HYGIENE REG. NO.	1 3	7544
Middle, Last)				$\neg \neg$	2. DATE OF DEATH		3. TIME OF OF
DED	R	KIARE			MONTH 12-29-91	YEAR	5:4

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR				MENTAL HYGIENE REG. NO.	21	3/344		
	1. DECEDENT'S NAME (First, Middle, Last) ALFRED B	. KLABE	1				2. DATE OF DEATH MONTH 12-29-91	L	3. TIME OF OEATH 5:45 a _M		
	4. SOCIAL SECURITY NUMBER 5.		yrs. lest birthday)	IF UNDER		UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 11-30-07	8.	BIRTHPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not institution, give street	and number)				OCATION OF DE	АТН	9c. COUNTY OF DEATH			
FUNERAL DIRECTOR	Kauffman Nursi	ngton Hom	е	Ke	nneay	ville	e, Ma.	Ken	I C		
RE	10a. STATE 10b. COUNTY				R LOCATION				10d. INSIDE CITY LIMITS?		
ā	Maryland Kent		K	enne		lle, M	id.		1 YES 2 X NO		
RAL	10e. STREET AND NUMBER	- t a D a a	a		10f. ZIP	645		USA	OF WHAT COUNTRY?		
N.		ntown Roa		13. V			IIC ORIGIN? (Specify Yes		. RACE — American Indian,		
B⊀	1 Never Married 2 Married 3 Never Married 4 Divorced	ZX NO TES X	11	yes, specify		n, Puarto Rican, atc.)		Specify: White			
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con	npleted)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done d		working	16b. KIND OF BUSI	NESS/INDUS	TRY		
2	Elementary/Secondary (0-12) 0	College (1-4 or 5+)		pent	ρr		Carpe	ntrv			
OM	17. FATHER'S NAME (First, Middle, Last)		our	pene		MOTHER'S NA	ME (First, Middle, Maiden S				
BE C	Alfr	ed M. R.	Klab	e		Mary	Scheele				
TO B	19a.INFORMANT'S NAME (Type/Print) James G. Klabe						Route Number, City or Town, Vilmingto:		7.15		
	20g, METHOD OF DISPOSITION	20b.	PLACE OF DISPO						y or Town, State		
	1 🖾 Burial 2 🗆 Cremation 3 🗆 Remove 4 🗆 Donation 5 🗆 Other (Specify)	from State					cial Park	, Nev	v Castle, Del		
	21. SIGNATURE OF FINERAL SERVICE LICENS	I M		F	e110	DORESS OF FA	neral Hom	e	21651		
	23. PART I. Enter the diseases, or con	polications that caused	the death. Do				ress St.				
	shock, or heert fellure. List IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) a	t only one cause on ea	CM	D				,	Interval Between Onset and Death		
NO	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE O	PFI:	<u> </u>		· · · · · · · · · · · · · · · · · · ·				
ERTI	that initiated events resulting in death) LAST										
CAL	PART II. Other significent conditions of	ABETES	. 4				Part I. 24a. WAS AN A PERFORM	WED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDI					2/00				1 Tes 2 No		
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		QTHER		OF DEATH (C)	eck only one)				
IXSI	1 TYES 2 NO 1	☐ Inpetient 2 ☐ ER/Outp 28s. DATE OF INJURY	atlent 3 DOA	4 Nun	sing Home		8 Other (Specify)				
ВУ РН	1 Netural 5 Pending	(Month, Day, Year)		JURY M	28c. INJURY WORK?	2 NO	28d. DESCRIBE HOW IN	JUNY OCCU	HED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm,	street, fact	ory, office		28I. LOCATION (Street as City or Town, State)	nd Number or	Rural Route Number,		
COMPLETED	CONSOR ONLY	IN: To the best of my knowl On the besis of examination							cause(a) and menner ea stated.		
TO BE C	296. SIGNATURE AND TITLE OF CENTEREN	n Pau	l llo	H.	m) =	C. LICENSE NU	00 /	29d. DATE S	SIGNED (Month, Day, Year)		
F	30. NAME AND ADDRESS OF PERSON WHO C	/	Washin		Δπο	Ch	estertown	Md	21620		
4	DEC 3 0 91	132. HEGISTI AR'S SIGN		للكناع	AVE		- STELL HWILL	, 1111			

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Irem: 3, per MEO G-686 4/14/92 reb

A SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) 7. DECEMBER 24 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) 8. PAGELTY NUMBER 7. DECEMBER 24 8. PAGELTY NUMBER 8. PAGELTY NUMBER (in not institution, pive street and numbew) 8. PAGELTY NUMBER (in not institution, pive street and numbew) 8. PAGELTY NUMBER (in not institution, pive street and numbew) 8. PAGELTY NUMBER (in not institution, pive street and numbew) 8. PAGELTY NUMBER CITY BALTIMORE CITY 8. PAGELTY NUMBER CITY BALTIMORE CITY 8. PAGELTY NUMBER CITY DISC. COUNTY 8. STREET AND NUMBER 90. CITY, TOWN OR LOCATION SUDLERS VILLE 100. STREET OF HISPANIC ORIGINY, (Specify) Yes or No. 1 in yes, aspectly Cuban, Mastern, Puerto Ricen, sitc.) in yes, aspectly Cuban, Mastern Ricen, sitc.) in yes,	BIRTHPLACE (State or Foreign Country) MASSACHUSET TY OF DEATH IMORE CITY 10d. INSIDE CITY LIMITS? 11/2 YES 2 _ NO EN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify: WHITE STRY ACADEMY									
LONNECKER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. list birthday) 28 YRS. WONTHIS CAPTS HOURS AND. 98. FACILITY NAME (if not institution, give street and number) 99. FACILITY NAME (if not institution, give street and number) 99. FACILITY HOSPITAL S.T.U. BALTIMORE CITY BALT 109. STATE 109. COUNTY 109. STATE 109. CITY. TOWN OR LOCATION SUDLERS VILLE 109. CITY TOWN OR LOCATION SUDLERS VILLE 109. CITY. TOWN OR LOCATION SUDLERS VILLE 109. CITY TOWN OR	10: 150 8. BIRTHPLACE (State or Foreign Country) MASSACHUSET TY OF DEATH FIMORE CITY 10d. INSIDE CITY LIMITS? 11X YES 2 NO EN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify: WHITE STRY ACADEMY									
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Elamentary/Secondary (0-12) College (1-4 or 5 +) 12 13. ADMINISTRATIVE CLERK U.S. NAVAI 14. MOTHER'S NAME (First, Middle, Last) WILLIAM LONNECKER 192. INFORMANT'S NAME (Type/Print) WILLIAM LONNECKER 193. INFORMANT'S NAME (Type/Print) WILLIAM LONNECKER 205. METHOD OF DISPOSITION 1 (Syburies) 2 Commettion 3 Removal from State 4 Donestion 5 Other (Specify) 21. SIGNATURE OF PLEASE, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory erresting in death) 22. NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip (Commetry, Crematory or other place) 24. Donestion 5 Other (Specify) 25. NAME AND ADDRESS OF FACILITY Fellows Funeral Home 37.0 W. Cypress St. Mill 26. LOCATION — City or Town, Stete, Zip (Commetry, Crematory or other place) 27. NAME AND ADDRESS OF FACILITY Fellows Funeral Home 37.0 W. Cypress St. Mill 28. NAME AND ADDRESS OF FACILITY Fellows Funeral Home 37.0 W. Cypress St. Mill 37.0 W. Cypress St. Mill 37.0 W. Cypress St. Mill 4. DONE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	Code) Ry or Town, State 2 rs ville									
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ADMINISTRATIVE CLERK U.S. NAVAI 12 17. FATHER'S NAME (First, Middle, Last) WILLIAM LONNECKER 198. INFORMANT'S NAME (Type/Print) WILLIAM LONNECKER 200. METHOD OF DISPOSITION 1 (Syburiet 2 Cremetion 3 Removal Irom State Cemetion 5 Other (Specify) 21. SIGNATURE OF FURERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fellows Funeral Home 23. PART I. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory erresisted abook, or heart feiture. Liet only one cause on aech line. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	Code) Ity or Town, State									
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Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events B. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
resulting in death) LAST										
PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 D YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
MOSPITAL: OTHER:										
27 MANNED OF DEATH										
1 Netural 5 Pending (Month, Day, Year) INJURY WORK?										
2 Accident Investigation 12 ~ 23 ~ 1991 3:40 PM. 1 UYES ZXXNO DRIVER IN AUT	. ,									
3 Suicide 6 Could not be determined 26s. PLACE OF INJURY — At home, farm, streat, factory, office 26s. PLACE OF INJURY — At home, farm, streat, factory, office City or Town, State)	r Rural Route Number,									
ON HIGHWAY RTE.301 & 40	5									
29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(s) and manner as stated one) 2 X MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the lime, date and place, and due to the	l, cause(s) and manner as stated.									
29b. MIGNATURE AND TITLE OF CERTIFIER 1	10000000									
W Dishier De	RICHED (Marth Co. Mart									
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	SIGNED (Month, Day, Year)									
31. DATE FILED (MONTH, Day, Year) June Street BALTIMORE MARY DEC 30 91 June Davidson Williams	SIGNED (Month, Day, Year) -25-1991									

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be di		IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at o
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AL IN	cate	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item
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	REGISTRAR 1. DECEDENT'S NAME (First, Middle	, Last)		CERTIF	ICAI	L OF	DEA			REG. NO			3. TIME OF DEATH
	William F	lichard Loc	kwwod	Sr.				I	ecei	mber 2	4. 19	91	4:19 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.			R I YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTN	PLACE (State or Foreign
	216-14-2935	1 📉 M 2 🗌 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.		n, Day, Year)	1905	Countr	M D
_	9a. FACILITY NAME (If not institution	, give street and number)			9b. CITY, TOWN OR LOCATION OF DEATH							NTY OF D	
5	Kent and Queer	Annes Hos	oital,	Inc.	Ches	stert	own				Ke	ent	
S		COUNTY		7	Y. TOWN	OR LOCAT	ON					T	10d. INSIDE CITY
DIRECTOR	MD	Kent				ingt							LIMITS?
	10e. STREET AND NUMBER	Rene					ZIP CODI	E	***		10g, CIT	IZEN OF W	1 TYES 2 THO
FUNERAL	RD 1, Box 3	2 4				100	216	5 1					SA
3	11. MARITAL STATUS	NT EVER IN U.S.	ARMED	13.	WAS DECI	NDENT C	F HISPAN	IIC ORIGI	N? (Specify Ye	s or No-		- American Indian,	
BY F	1 Never Married 2 Merrie 3 W Widowed 4 Divorced		YES 2	[]NO		If yes, spe	city Cuba	n, Mexica	n, Puerto	Rican, etc.)		Black Specifi	, White, etc.
													White
COMPLETED	15. DECEDENT (Specify only highes	s EDUCATION t grade completed)		Give kind of title. Do NOT us	work done	during mos	N t of workin	ng .	166	. KIND OF BL	JSINESS/IN	DUSTRY	
12	Elementary/Secondary (0-12)	College (1-4 or 5	+)	pera			oin	eer		Alli	ed C	hemi	cal
NO	17. FATNER'S NAME (First, Middle, L.	ist)		pera	CIM	5 1111			ME /E/-	Middle, Malder		11 C III 1	
	NXMXXXX Jo	hn J. Loc	kwood						- 4,	nam	1 Surname)		
BE (19a, INFORMANT'S NAME (Type/Prin			19b. MAILING	ADDRES	S (Street ar	d Number	or Rural F	Route Num	ber, City or Tox	vn. State. Zir	Code1	
2	Richard Loc	kwood											3
	Richard Lockwood Rt 1, Box 462, Clayton, DE 19938 20e_METNOD OF DISPOSITION 1 ABurisi 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Location - City or Town, State Cremation of Albertal Company												
	4 Donation 5 Other (Specifi		_ Cru	cremetory or o	n C	emet	ery		12/1	7/91	Cru	mpto	n, MD
	21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE	1		22.	NAME AN	D ADDRES	SS OF FAC	CILITY				
	1 Yarr	Batille	MK]	Fell	ows	Fui	nera	1 Ho	me .	. 21	651
	23. PART I. Enter the objects	s, or complications th	at coused the	deeth. Dp r	ot enter	r the mod	le of dyl	ng, suci	n as cen	diec or reep	piratory an	reat.	Approximate
	anock, or enert to iMMEDIATE CAUSE (Final	ilure. Liet only one ce	use on eech li	ine.									Onset and Dear
	disease or condition resulting in death)	a proeir	moni	a.									
			OR AS A CON		F):								
N	Sequentially list conditions,	b											
AŢ	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONS	SEOUENCE O	F):								
CERTIFICATION	CAUSE (Disease or Injury that initiated evente	c. DUE TO	OR AS A CONS	SEQUENCE OF	E).								
E	reaulting in deeth) LAST		(011110)	JEGGENGE G	,.								İ
빙	d.												
ÄL	PART II. Other aignificent con	ditions contributing to	deeth but no	t resulting	n the ur	nderlying	cause g	iven in	Part I.	24a, WAS AP PERFO	AUTOPSY RMED?	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
MEDICAL	congestive	heart	railare							1 TYES			COMPLETION OF CAUSE OF DEATH?
M	chronic o	bstructi	ve pu	men	ary	dis	Ca	se_	_				1 YES 2 NO
Z			1										
SICIAN:	25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:			OTHE		CE OF DI	EATH (Che	ick only o	ne)			
(A)	1 TYES 2 THO 27. MANNEB OF DEATH	1 1 Inpatient 2			4 🗌 Nur	raing Nome		sidence	8 🗆 Othe	r (Specify)			
ĽΙ		28e. DATE Of (Month, I	Day, Year)	28b. TIM	E OF URY	28c. INJU WOF	HC?		28d. DE	CRIBE NOW	INJURY OC	CURED	
РНҮ	1 Natural 5 Pending	etion	OF IN HIRV	home form			ES 2 [NO	*****	AT1041 10:			
ВУ РНУ	2 Accident Investig	28a PLACE		URY — At home, ferm, street, fectory, office Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
ву РНУ	2 Accident Investig 3 Suicide 8 Could r	ot be 28e. PLACE (
ву РНУ	2 Accident Investig 3 Suicide 8 Could r 4 Homicide determin	oot be ned 28e. PLACE (building	are. (Specny)										
ву РНУ	2 Accident Investig 3 Suicide 8 Could r 4 Homicide 8 Certifier Check only CERTIFYING	ot be ned 28e. PLACE of building	f my knowledge,	death occurre	ed at the t	time, date a	and place,	end due	to the ca	use(s) and me	nner ee atat	ed.	
COMPLETED BY PHY	2 Accident Investig 3 Suicide 8 Could r 4 Homicide 8 Certifier Check only CERTIFYING	on the head 28e. PLACE of building PNYSICIAN: To the best of AMINER: On the basis of the basis o	f my knowledge,	death occurre	ed at the t	time, date o	eth occur	ed at the	to the car	use(s) and me	nner ee ete	e ceuse(e)	and manner as stated.
ву РНУ	2 Accident 3 Suicide 4 Homicide 5 Could r determi 29e. CERTIFIER (Check only one) 2 MEDICAL EX	on the head 28e. PLACE of building PNYSICIAN: To the best of AMINER: On the basis of the basis o	f my knowledge,	death occurre	ed at the t	time, date o	ath occur 29c. LICE	ed at the	to the car time, date	use(s) and me	nner se ster	e ceuse(e)	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Bienenfeld,

feld, Medical Bldg.,
32. REGISTRAR'S SIGNATURE
ha Javidson-Andree

Chestertown,

Michael B:
31. DATE FILED (Month, Day, Year)
DEC 30 '91

21620

Md

> > Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO

	1. 0	PAUL		MEL	Me	=Do	NA	40	2. DATE	OF DEATH	- STEAT	3. TIME OF OEATH
		SOCIAL SECURITY NUMBER	5. SEX 1 M 2 F		. lest birthday) YRS.	IF UNDER		IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH h, Day, Year) 24-196	Co	RTHPLACE (State or Foreign untry) D.
prog	90.	FACILITY NAME (If not institution,	give street end number)			9b. CITY,	, TOWN C	OR LOCATION OF OR		24-170	9c. COUNTY O	
	D RE	Frederick Memo	rial Hospi	tal		Fre	eder	ick			Fre	derick
	DI PRECION	MD.	Washington		-	r, town o						10d. INSIDE CITY LIMITS? 1 YES 2 NO
in. ansit per		street and number 7508 Sharpsbu						21713			USA	F WHAT COUNTRY?
5-0020 nding physician. is the burial-tran		MARITAL STATUS Never Merried 2 Merried Widowed 4 Divorced	12. WAS OECEDE FORCES? IF YES, GIVE	NT EVER IN U.S 1 YES 2 WAR OR DATES	ARMED		It yes, sp	ENDENT OF HISPAI ecify Cuben, Mexice 2 NO Specif	n, Puerto		В	ACE — American Indian, leck, White, etc. Decity: White
2121 al or atte for use a		15. OECEOENT'S (Specify only highest Elementary/Secondary (0-12)	EOUCATION grade completed) College (1-4 or 5	- 100	(Give kind of life. Do NOT u	work done			161	o. KIND OF BUS	INESS/INDUSTR	Y
ND hospit ached	17.	10 FATHER'S NAME (First, Middle, Las	at)		m	ainte	<u>enan</u>	C.C.		school	Cumama	
RYLA ad by the uld be def	3 "	Jesse J. McD									nia Fog	le
MARYLAND se retained by the hospit e 5 should be detached i notified at once.	194	. INFORMANT'S NAME (Type/Print Margaret V. Od			19b. MAILING 7508	Shari	s (street e	nd Number or Rural	Route Nun	nsbor, City or Town	n, State, Zip Code, , Md. 2	1713
HORE, e 6 may be rector, page	1 1	METHOD OF DISPOSITION Burlel 2 Cremetion 3 C Donation 5 Other (Specify,			ACE ANO OAT etary, cremator Olive	or other p	moto	nu 12-1	8+91	Fre	cation – chy o derick,	Md.
BALTIMORE, after death. Page 6 may be the funeral director, page moval.	21.	SIGNATURE OF FUNERAL SERVI	CE LICENSEE	10.21)	22.	NAME A	BOX 1819	CILITY			ral HOme 21702
in 24 hours ely filled in thation, or rel	IM di	B. PART I. Enter the diseases shock, or heart fall IMEDIATE CAUSE (Final sease or condition suiting in death)	lure. List only one co	use on each	Here.	Tic		RDIOVAS				Approximate interval Betwee Onset and Dea
OX 68760, be executed with telan and complet from to burial, crentraumatic event	NO III	Sequentially list conditions, if any, leading to immediate Cause Enter LINERLY LINER CAUSE. CAUSE CAUS										
P.O. BOX eath certificate be attending physician ital Hyglene prior it y, or other traur	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): oue TO (OR AS A CONSEQUENCE OF):											
ORDS that the come by the the and Me and Me		ART II. Other significant con	ditions contributing t	o death but	not resulting	In the u	nderlyin	g csuse given in	Part I.	24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
C 2 2 5												1 TYES 2 NO
F VITAL RE SICIAN: The law requestrificate has been the State Dept. of t, or Item 23 sho	SIC	WAS CASE REFERRED TO MEDIC EXAMINER? 1 PYES 2 NO MANNER OF DEATH	HOSPITAL:		nt 3 🗆 DOA	_	Pi: rsing Hon	LACE OF DEATH (C	s M on	er (Specify)	RIENDS	-
O 등 등 등 등	BY PI	1 Natural 5 Pending Investig	ation 28e. PLACE	Day, Year) OF INJURY —	II.	JURY	1 🗆	JURY AT DRK? YES 2 NO	28t. LO	CATION (Street	end Number or Ru	d ,iii
DIVISION DR ATTENDING I DIRECTOR: After hours after death Item 28 is mai	ETED	4 Homicide datermi	ned	g, etc. (Specify)						y or Town, State)		
= 24 E	COMPLET	enel oray	PHYSICIAN: To the best AMINER: On the basis of									se(e) end menner ee stated.
# # P E	D BE C	SIGNATURE AND TITLE OF CE	R Shit	z M	>			29c. LICENSE NU D0 9 8		,		NED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

RRRROBERTS MD IS 6 774

Janason- Janas

RRRROBERTS

DEC18 1991

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR PAUL MICHAEL MCDONALD CERTIFICATE OF DEATH REG. NO.

DHMH-18 Rev 1/89

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last Lambert Allis		ove				2, DA MO			YEAR 3.	3:20 a. M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		IF UNDER 1 YEA			E OF BIRTH oth, Day, Year)	1	8. BIRTHPLA Country)	ICE (State or Foreign
212-20-3682	1 N 2 F	67	YRS.	WONTHS DAT	S HOURS		t 12,	1924		MD
De. FACILITY NAME (If not institution, give	street end number)			9b. CITY, TOY	VN OR LOCATION	OF DEATH	17	9c. COUNT	TY OF OEAT	н
Union Hospita:	l of Cec	il Cou	ntv	E1k	ton			Ce	eci1	
RESIDENCE OF DECEDENT			_							NIN CONTRACTOR OF THE CONTRACT
MD 100. STATE 10b. COUN	Cecil			rlevi					THE STATE OF THE S	
10e. STREET AND NUMBER					10f. ZIP COOE		W-71	10g. CITIZI	EN OF WHA	T COUNTRY?
144 Park Dr. 1	Box 15 C	rvsta1	Bea	ch	21919			US	SA	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN	NT EVER IN U.S. AI I Y YES 2 I MÂR OR DATES	MED	13. WAS If yes	DECENDENT OF H , specify Cuben, I YES 2 NO	lexican, Puer			14 BACE -	American Indian, hits, etc. White
15. OECEOENT'S EC	UCATION	18a, O	ECEDENT'S	USUAL OCCUP	PATION		6b. KIND OF BU	ISINESS/INDU	JSTRY	WHILE
(Specify only highest gra-	College (1-4 or 5	100	alve kind of w b. Do NOT use	ork done during a retired.)	most of working					
1 1			nok	Drive	*		Mason	Dixo	on L:	ines
17. FATHER'S NAME (First, Middle, Last)			III.K.	ve	_	'S NAME (Fir	t, Middle, Malder			
Lambert B. Man	love					·	loover			
19e. INFORMANT'S NAME (Type/Print)	11046	1 10	b. MAII ING	ADDRESS (See	eet and Number or				Code)	
	7.0							, 010/0, 2/0	-500,	
Betty Manlov	ve			as a			ATE 20c. L	DOATION -	Way 5 - W	Ptoto
1 Description 2 Cremeter 3 Re 4 Donatton 5 Other (Specify)		of someton			ery 1	/3/92		esape		City, MD
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE				E AND ADDRESS		1 77	• D	Δ	
	1		Fe 1	LOWS F		I HOM				
23. PART I. Enter the diseases, o shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one car	inoma (•. of th	226 of enter the	mode of dying	in Si	Cec	iltor	a. MI	Approximate Interval Between Onset and Death
shock, of heart failure IMMEDIATE CAUSE (Final disease or condition	s. Carci	USE ON AS A CONSE	e. of th couence of	226 of enter the	E . Ma	in Si	Cec	iltor	a. MI	Approximate Interval Between Onset and Death
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31. DATE FILED (Month, Day, Year)

202

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 10114 AM MEGURE THOME 17 11:30am 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 XM 2 F 36 215-62-2084 MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR 1380 Glebe Rd Earleville, MD 21919 Cecil 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Ceci1 Earleville 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? page 5 should be detached for use as the burial-transit 1380 Glebe Rd 21919 USA HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 THOU IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE -- American Indian, Black, White, alc. 1 Never Married 2 Narried BY 1 YES 2 NO Specify Specify 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INQUISTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) unknown Chemical Operator Colonial Metals 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at BE John McGuire unknown 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Melanie McGuire Glebe Rd. Earleville, MD 21919 Pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must 1 Deuriel 2 Cremetion 3 Removal from State funeral director, Donation 5 Other (Specify) Galena Cemetery 1/2/92 Galena. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fellows Funeral Home, P.A. 226 E. Main St., Cecilton, MD Liry the 21913 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or hasrt failure. List only one cause on each line. filled in by Approximata Interval Between Onset and Death **IMMEDIATE CAUSE (Final** npletely filler cremation, the disease or condition . GUN SHOT WOUND reaulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): and com o burial, COM traumatic CERTIFICATION Sequantially list conditions, prior to DUE TO (OR AS A CONSEQUENCE OF): P.O. BOX if any, leading to immediata cause. Enter UNDERLYING attending physician ntal Hygiene prior to other t CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF). resulting in dasth) LAST 6 the after injury, RECORDS, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS and and DIARETES AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? any signed Health a 1 YES 2 NO shows t. of H 1 YES 2 NO ir this certificate has been the with the State Dept. o arked, or Item 23 sh DIVISION OF VITAL 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 ☐ Inpetiant 2 ☐ ER/Outpetient 3 ☐ DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28s. OATE OF INJURY marked, 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending DIRECTOR: After the hours after death william 28 is mark 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 8 Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, dash occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE FUNERAL C be filed within 72 h IMPORTANT: If II 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 불분 29d. DATE SIGNED (Month, Day, Year) ZiR. PHYSICIAN 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (SIDE, PRINT)

11 NOW HOSP WAY Marian Sennes 3 766 29 222 2

32. REGISTRAR'S SIGNATURE Lulia Saindron

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May S. Fellow

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	funeral (s after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1.28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	REGISTRAR	C	ERTIFICAT	E OF DEATH	REG. NO),				
1	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
	Edith Elizabeth Mason November 20, 1991 0149A									
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. le:	st birtnday) IF UND	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. 6	DIRTHPLACE (State or Foreign			
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	RESIDENCE OF DECEDENT									
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ш	17. FATHER'S NAME (First, Middle, Lest) AIFRE	S HANC	ZE	18. MOTHER'S N	AME (First, Middle, Malden	Sumama) R	9417			
TO B	BERNARS	MASON "	b. MAILING ACORE	SS (Street and Number or Rural		in, State, Zip God	21678			
	29a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	20b. PLACE	AND DATE OF DISPO		OATE 20c. LC	CATION — City	or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE .	22	2. NAME AND ADDRESS OF F	ACILITY	0 -				
	· Denne	Me with		207 CK	STERTON	W W /	nd.			
	23. PART i. Enter the diseases, or co	omplications that ceused the de	eth. Do not ente	er the mode of dying, au	ch ea cerdiac or reap	iratory arrest,	Approximate			
	ahock, or heert failure. List only one ceuee on eech line. IMMEDIATE CAUSE (Final									
	disease or condition resulting in death) 2 years									
	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially liet conditione, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
CAT	cause. Enter UNDERLYING									
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	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?	28d. OEŞCRIBE HOW	NJUHY OCCURE	D			
BY	2 Accident Investigation 3 Suicide Could not be		201 LOCATION (See Local Market See Local							
Ë	3 Suicide 4 Homicide S Could not be detarmined									
COMPLETED		CIAN: To the best of my knowledge, de					se(s) and manner as stated			
	29b. SIGNATURE AND TITLE OF CERTIFIER									
B	4 Saute	- Cen		29c. LICENSE NU	254	29d. DATE SIG	NEO (Month, Day, Year)			
2	30 NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OEATH (ITE	M 27) (Type, Print)	4. 000	771	19	471			
	C. Gottfried	Bauman, 1 32. REGISTRAR'S SIGNATURE	M.D.	- Cheste	rtown,	Md	· 2162D			
8	NFC 40 '91	Selia Davidson	n-Randell							

The state of the

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-002
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ficurs after death. Page 6 may be retained by the hospital or attending phys
TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burning and the state of the part and Martial Havilane infor to burial, cremation, or removal.
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			Worton		_0	10d. INSIOE CIT LIMITS? 1 TYES 2 C				LIMITS? YES 2 X NO
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17. FATHER'S NAME (First, Middle, Last)				18. MOT		ME (First, Midd				
Carl Myers								unger		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Stre	et and Number	r or Rural F	Toute Number,	City or Tow	n, State, Zip Co	de)	
John Myers		Box	318,	Wor	ton,	MD	21	678		
20e, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name OATE 20c. LOCATION — City or Town						or Town,	State			
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21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
Fellows-Wells Funeral Home										
Hary B. Ill	loub		413	Hig	h St	reet	Che	stert	own	MD 216
23. PART I. Enter the diseases, or con			not enter the	mode of dy	ing, suci	h as cardiad	or resp	ratory srrea	t,	Approximate
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32. REGISTRAN'S SIGNATURE

July doon-Randelle

31. DATE FILED (Month, Day, Year)
DEC 16

'91

DHMH-16 Rev 1/89

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IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ful	ours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	am 28 is marked or liem 23 shows any injury or other traumatic event the modical ava-
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	DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last) Robert Andrew Ma 4. SOCIAL SECURITY NUMBER 222-09-2711 90. FACILITY NAME (If not institution, gives Kent & Queen Anne RESIDENCE OF DECEDENT 100. STATE 100. COUNT	5. SEX 6. AG 10 M 2 F 8 elerget and number) t s Co. Hosp	ital INC.	Chest			9c. COUNTY Kent	10d. INSIDE CITY
	COMPLETED BY FUNERAL DI	10e. STREET AND NUMBER 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEOENT'S EDU (Specilly only highest grade Elergoptary/Secondary (0-12)	College (1-4 or 5+)	R IN U.S. ARMED S 2 NO DATES 16a. DECEDENT'S U. (Give kind of wo, life. Do NOT use.	13. WAS OE If yes, s 1 YE SUAL OCCUPAT	DI. ZIP CODE Z 2 CENDENT OF HISPAN peelty Cuban, Maxica s 2 1 0 Specify ION lost of working	IIC ORIGIN? (Specify Yes	10g. CITIZEN 1 or No 14.	OF WHAT COUNTRY? A C A RACE — American Indian, Black, Whita, etc. Specify A C K
examiner must be notified at once.	TO BE C	19a. INFORMANT'S NAME (Type/Print) 20a. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Rem 1 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	oval from Stale	19h MAILING A	DISPOSITION (A	and Number or Rural I	DATE 200, LO	n, Stete, Zip Cod	1Mg-5/850
_ 0	ERTIFICATION	23. PART I. Enter the diseases, or ahock, or haert failura. IMMEDIATE CAUSE (Finel disease or condition receiting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	e. RESPIRI DUE TO (OR AS DUE TO (OR AS	aach line.	ARRE	ode of dying, such	h as cardiac or raapi	ratory errest,	Approximeta Interval Batween Onaat and Deeth
Dept. of Health and Me 23 shows any inju	IAN: MEDICAL CE	PART II. Other eignificent condition ADULT RESPIRI 25. WAS CASE REFERRED TO MEDICAL			YNDR	OME	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
r death with the State is marked, or item	ED BY PHYSICI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined	HOSPITAL: 1 Sinpatient 2 ER/Or 26a. DATE OF INJUR (Month, Dey. Year 28a. PLACE OF INJU building, stc. (S)	Y 28b. TIME (INJUR	OTHER: Nursing Hor OF 28c. IN IY W M 1	LACE OF DEATH (Che ne 5 Rasidenca JURY AT DRK? YES 2 NO			
fled within 72 hours IPORTANT: If Item	TO BE COMPLET	296. SIGNATURE AND TITLE OF CERTIFIER LALLE A MA 30. NAME AND ADDRESS OF PERSON WH HELEN A M	UL MI O COMPLETED CAUSE OF O VOBLE N	DEATH (ITEM 27) (Type, Pr	In my opinion,	29c, LICENSE NUM	time, deta and placa, and	dua lo lhe cau	ree(a) and menner as stated. NEO (Month, Day, Year) 3 (- 9)
		JAN 1 4 '92	Julia Savida						

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IVISION OF VITAL RECORDS, P.O. BOX 68760,	B ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

1	REGISTRAR		CERTI	FICATE C	F DEATH		REG. NO			
1.	DECEDENT'S NAME (First, Middle, Last)					MONTE	OF DEATH	Ay	YEAR	3. TIME OF DEATH
	LOUIS RO	NALD PI	SHNICK			12	3		91	7:00A M
	THE RESERVE OF THE PARTY OF THE	5. SEX 6.	AGE (In yrs. last birthda 4 7 YRS	MONTHS DAY		(Month	OF BIRTH , Day, Year) - 5 - 1 9	44	8. BIRTHF Country	PLACE (State or Foreign) PENN.
No.	. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOV	N OR LOCATION OF D		J 1)		NTY OF DE	
FUNERAL DIRECTOR	AT HOME SUDLERSVILLE QUEEN ANNES									ANNES
U 10	De. STATE 10b. COUNTY		10c. (CITY, TOWN OR LO	CATION					10d. INSIDE CITY
E I	MARYLAND QUEE	N ANNES	S	UDLERS	VILLE					LIMITS?
10	De. STREET AND NUMBER				101. ZIP CODE			10g. CIT		HAT COUNTRY?
ER/	RD 1 BOX 47-A				21668				USA	A
NO 11	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO 14. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 16. Was DECENDENT OF HISPANIC ORIGIN? (Specify: 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify: 10. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 11. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 12. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 14. Was DECENDENT OF HISPANIC ORIGIN? (Specify: 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 16. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: 19. Was D							s or No-	14. RACE Black, Specifi	— American Indian, White, atc.
w	☐ Widowed 4 ☐ Divorced				λλ		100			WHITE
	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDEN	r's USUAL OCCUP	ATION most of working	16b.	KIND OF BU	SINESS/INI	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NO	T use retired.)						
ᄛᆫ	12	4	SCHOO	L TEAC	HER	E	EDUCA	TION	I	
ਨ੍ਹੇ 17	7. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First, I	Aiddle, Meiden	Sumame)		
BE -	JOHN PISHNI	CK			MARGA	RET	RACZ			
0 1	De. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS (Str	et and Number or Rural	Route Numb	oer, City or Tov	vn, State, Zij	p Code)	
FL	JOHN PISHNICK		3 7	ARCH S	T. GLEN	LYC	N, P	Α.	1861	7
20	0e. METHOD OF DISPOSITION Suriel 2 Cremetton 3 Remove	ani danan State	20b. PLACE ANO O	ATE OF OISPOSIT	I. GLEN ON (Name CEMETE	DIVOAT	E 20c, LC	CATION -	City or Tov	vn, State
1	Donation 5 Other (Specify)	rai irom suite	ST. MIC	HAEL, S	G.R.	4⊢92	GI.	EN I	YON.	PA
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	* Mr. R.	1.00	9		LLOWS FU					21651
1	23. PART I. Enter the diseeses, or co	Technology	cused the death D		O W.CYPR					
1	ehock, or haert fallure. L	ist only one cause	on aach line.	o not enter the	mode or dying, su	cn as cert	nec or reep	HIZIOIY SI	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition								Onset and Death	
	resulting in death) a.									5 yrs.
	DUE TO (OR AS A CONSEQUENCE OF):									
Z s	Sequentielly list conditions,									
Ē I	tf sny, leading to immediate csuse. Enter UNDERLYING									
<u> </u>	CAUSE (Disease or injury									
	hat initiated evants resulting in death) LAST	552 10 (6	H AS A CONSEQUENCE	c Orj.						İ
CERTIFICATION	d									
J F	PART II. Other significent conditions	contributing to de	eath but not resulting	ng in the under	ying cause given in	n Part I.	24a. WAS AI		24b.	WERE AUTOPSY FINDINGS
DICAL							PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						_	1 🔲 153	2 NO		OF DEATH?
Σ						_		-		I TES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF GEATH (Check only one)									
S		HOSPITAL:	R/Outpetient 3 DO	OTHER:						
¥ ₂	7. MANNER OF DEATH	26e. DATE OF IN			Home 5 Residence	7	CRIBE HOW	INJURY OF	CCURED	
	Natural 5 Pending	(Month, Day,		INJURY	WORK?	100.02	JOHOL HOW			
à l	2 Accident Investigation	igation						and Alumba	er or Burni E	loute Number,
<u>۵</u>	3 Suicide 6 Could not be determined	building, etc	c. (Specify)	m, acreer, motory,	omes	City	or Town, State	e)	or norman	oue number,
COMPLET	(Orlock Orly)	IAN: To the best of m	y knowledge, death occ	curred at the time,	data and place, and du	ue to the ca	use(e) and mi	anner as st	eted.	
Š	one) MEDICAL EXAMINER	l: On the basic of exar	mination end/or investig	ution, in my opini	on, death occured at th	ne time, date	end piece, e	end due to t	the cause(e) and manner as stated.
	9b. SIGNATURE AND TITLE OF CERTIFIER	D A		A	29c. LICENSE NI	UMBER		29d. DA	TE SIGNED	(Month, Day, Year)
H '	Sku	1 kts	nock.		D123	45		> /	-1-	12
۵	0. NAME AND ADDRESS OF PERSON WHO	COMPLETÉO CAUSE	OF OEATH (TEM 27)	Type, Print)				-		
Z	DR. JOHN R. SM	ITH JR.	110 R	ROADWA	Y, CENTR	EVII	I.E	MD	216	17
3	1. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	LONDHA	., CHILL	<u> </u>	. و تدلد	TID.	4 I C	
	IAN 1 '92 9	refia Davidson	- Pandelle							

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68760,	The law requires that the death certificate he executed within 24 p.
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AL	The law
DIVISION OF VITAL RECORDS, P.O. BOX 68760	
NOISIA	AL DR ATTENDING PHYSICIAN:
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od .	_

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) DURUTHY GRACE ROBERTS 3. TIME OF DEATH Dorothy open/s 0040 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 F 219-20-4864 10-10-1923 MD. 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Frederick Memorial Hospital Frederick Frederick RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. Frederick Thurmont 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? **Duriel-transit** 15832 Smith Road 21788 USA after death. Page 6 may be retained by the hospital or attending phys can 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Merried 2 X Merried 2 X NO BY 1 - YES 2 X NO Specify white 3 Widowed 4 Divorced Specify: detached for use as the ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL 7-8 homemaker n/a 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) 90 te Lloyd A. Eyler BE Oma G. Reidenour page 5 should notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Stewart E. Roberts 15832 Smith Rd. Thurmont. Md. 21788 pe 20e. METHOD OF DISPOSITION

1 Burlel 2 Cremetton 3 Re
4 Donetton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION - City or Town, State director, cemelory, cromatory or other place)
Resthaven Memorial Gardens 12-17-91 Frederick, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Home Nand P.O. Box 1819, Frederick, Md. 21702 anc removal medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximate shock, or heart fellure. List only one ceuse on each line. 8 IMMEDIATE CAUSE (Finel and completely fille burial, cremation, Onset and Death the diseasa or condition leught - Vancalar resulting in death) traumatic event, mo DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, prior to DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING has been signed by the attending physician Dept. of Health and Mental Hygiene prior to CAUSE (Disease or Injury that initiated events or other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 23 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL r this certificate hi Hem 26. PLACE OF DEATH (Check only one) HOSPITAL: **EXAMINER?** 1 TES 2 NO OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? marked. 26d. DESCRIBE HOW INJURY OCCURED 1 Natural Accident 5 Pending Investigation After the 84 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 65 3 Suicide COMPLETED 6 Could not be determined 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) DIRECTOR: 4 Homicide item 28 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(e) and manner so stated.

MEDICAL EXAMINER: On the basic of examination and/or-investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner so stated. TO THE FUNERAL (be filed within 72 h BE 표를 29c. LICENSE NUMBER 294. DATE SIGNED SMOOTH, ORK WHEEL ayman 1397 23 mo 2 PLETED CAUSE OF DEATH (FEM 27) TIME. PHOT DEC18 1991 Luha Davidson-Randelle 32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be flied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
RECORDS, P.O. BOX 68	requires that the death certificate be execut	en signed by the attending physician and of of Health and Mental Hygiene prior to buni	shows any Injury, or other traumatic
DIVISION OF VITAL I	O THE HOSPITAL OR ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and compietely filled in by the fu be flagt within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	MPORTANT: if item 28 is marked, or item 23:

1 - STATE REGISTRAR	STATE OF MAR		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	0,000
1. DECEDENT'S NAME (First, Middle, Las	ed (Mildre	d) RODNEY		2. DATE OF DEATH DAY DEC. 10	3. TIME OF DEATH 1991 12: 35 AM
4. SOCIAL SECURITY NUMBER 215-36-1913 9a. FACILITY NAME (If not institution, give	1 M 2 X XF	9.2 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN. LCITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) Oct 28, 189 EATH 9c. Co	BIRTHPLACE (State or Foreign Country) M D OUNTY OF DEATH
Magnolia Hall RESIDENCE OF DECEDENT 100. STATE 10b. COU			Chestertown OWN OR LOCATION	K	lod. INSIDE CITY
M D	KEnt	Wor		100.0	LIMITS? 1 YES 2 X NO CITIZEN OF WHAT COUNTRY?
Rt #1, Box	3 0 9	R IN U.S. ARMED	216		USA
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 1 Y	ES 2 XNO	If yes, specify Cuben, Maxic 1 YES 2 NO Speci	an, Puerto Rican, atc.)	Specify: White
15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re Homemak	done during most of working tired.)	16b. KIND OF BUSINESS/	
17. FATHER'S NAME (First, Middle, Last)	100	Пошешах		AME (First, Middle, Melden Surnam	
William Whea 190. INFORMANT'S NAME (Type/Print)	t	19b, MAILING AD	Mail ORESS (Street end Number or Rure)	TV Bigelow Route Number, City or Town, State.	, Zip Code)
Arlene Ander	son	Rt #	2.Box 244. N	Millington.	MD 21651
20e. METHOD OF DISPOSITION 1)CT/Burlel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	emoval from State	20b. PLACE AND OATE Of of cemetary, crematory or St Paul's	roisposition (Name other place) Cemetery	0ATE 200. LOCATION	t - City or Town, State Chestertown, MD
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE LELLO	US		lls Funeral	Home
23. PART I. Enter the disease, anock, or heert fellul IMMEDIATE CAUSE (Final disease or condition reaulting in death)	e. List only one ceuse of	n each line.	Hart Failu	re	Approximate Interval Between Onset and Daet 2 Homos 5 ease 10 years
Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	AS A CONSEQUENCE OF):	itic Cardio	Vos cul or Or	5 easy 10 years
PART II. Other algnificent condit	Me (1, 40	th but not resulting in	the underlying ceuse given in	Part I. 24e, WAS AN AUTOP PERFORMED? 1 YES 2 NO	AMILABLE PRIOR TO COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C		
1 VES 2 NO 27. MANNER OF DEATH Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJU	RY 28b, TIME C		28d, DESCRIBE HOW INJURY	OCCURED
3 Suicide 8 Could not	28e. PLACE OF IN-	URY — At home, farm, atre Specify)	et, factory, office	281. LOCATION (Street and Nur City or Town, State)	mber or Rural Route Number,
(Crieck Orly			at the time, date end place, end do		stated. to the cause(e) end manner as stated.
296. SIGNATURE AND TITLE OF CERTIF	for, m.	D,	29c. LICENSE N	29d. 3 C ▶	DATE SIGNEO (Month, Day, Year)
50. NAME AND ADDRESS OF PERSON	R655, M.D.	516 U	Joshington A	re Che to to	un Md 2/620
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	MOHUE DE	/		

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,	irked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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Clema	event,
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG NO

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME CERTIFICA			MENTAL HYGI		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Sara	Duncan	Ratcli	ffo		1 2 2	7 190	01 6:40A M
	4. SOCIAL SECURITY NUMBER 159 05 343/	5. SEX 6. AGE (In		NDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year		BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give s	itreet and number)	96, 0	CITY, TOWN OF	LOCATION OF E	6-8-1		CAMDEN N.J.
CTOR	Memori RESIDENCE OF DECEDENT	al Hospita			ston			bot
DIRECTOR	10a. STATE 10b. COUNTY	EN ANNES	10c. CITY, TOW		on reville			10d. INSIDE CITY LIMITS? 1 YES 2 M NO
AL	10e. STREET AND NUMBER	ANNES			ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	RT.1 BOX 144				21617	-	U	SA
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U FORCES? 1 YES	S. ARMED	13. WAS DECE	NDENT OF HISPA	NIC ORIGIN? (Specify an, Puarto Rican, atc.)	Yea or No- 14	I. RACE — American Indian, Black, White, atc.
В	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DATE		1 YES 2	NO Speci	an, Puarto Hican, atc.) lly:		Specify:
	15. DECEDENT'S EDUC	CATION 1	6a. DECEDENT'S USUAI	OCCUPATION		Lan vine on		WHITE
ETED.	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work do life. Do NOT use retire	one durina most	of working	16b. KIND OF	BUSINESS/INDUS	TRY
릴	12	Solings (1-4 of 5 4)	HOMEMA	AKER			HOME	
COMPL	17. FATNER'S NAME (First, Middle, Last)	THE STATE OF THE S			18. MOTNER'S N	AME (First, Middle, Male		
BE (WILLIAM H. DUN	ICAN				BATTEN		
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AODR	ESS (Street and	d Number or Rural	Route Number, City or	lown, State, Zip Co	ode)
-	ROBERT CAMPBEL	L	RT. 1 H	30X 58	8-A S	UDLERSVI	LLE,	MD. 21668
	20a. METNOD OF DISPOSITION 1	oval from State 20b.Pi	LACE AND DATE OF DISP bry, crematory or other pla APITAL CF	POSITION (Name of the position	oo/ ORY 12	DATE 20c.	VER	y or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND	ADDRESS OF FA	ACILITY		
	Xhr B. Z	Mours				ERAL HON		21651 NGTON, MD.
	23. PART I. Enter the diseases, or c	omplications that caused to	ha death. Do not an	tar the mod	n of dylng, suc	ch as cardiac or re	piretory arrea	t, Approximate
	IMMEDIATE CAUSE (Final	List only one cause on each	h Ilna.				,,	Interval Between Onset and Daeth
	disease or condition resulting in death)	DUE TO (OR AS A C	ac arre	st				6 min
_		Sepsis						F/ 1
Ó	Sequantially list conditions, if any, laading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF):					11 days
CAT	cause. Entar UNDERLYING	metas	tatic o	adem	Core in	ma (int	rabdo.	miral)
Ē	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF):		,		,	
CERTIFICATION	reaulting in death) LAST	ovaria	ONSEQUENCE OF):	cust	- order	ocarcina	ma	UNKrasn
	PART II. Other eignificant conditions			~			AN AUTOPSY	
2	respiratory	Failure	W the	uncertying	cadae given in	PERF	ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
0	ascills					1 🗆 YES	2 NO	OF OEATH?
2 2								1 TYES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLA	CE OF DEATH (Ch	neck only one)		
is l	1 YES 2 NO	HOSPITAL:	ent 3 DOA 4 N		5 🗆 Rasidence	6 Other (Specify)		
E	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJUR	Y AT	28d. DESCRIBE HOV	Y INJURY OCCUR	ED
BY	1 Natural 5 Pending 2 Accident Investigation	(Martin, Bay, Your)	M		S 2 NO			
	3 Suicide 8 Could not be	28s. PLACE OF INJURY — building, atc. (Specify)	At home, farm, street, f	actory, office		281. LOCATION (Street City or Town, Sta	of and Number or	Rural Route Number,
	4 Homicide determined	11				Only or rown, Sie	10)	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC	CIAN: To the best of my knowledge. On the besis of examination as	ga, death occurred at th	e time, data ar	nd place, and due	to the cause(s) and n	enner as stated.	
	296. SIGNATURE AND TITLE OF CENTIFIER							
TO BE	Duban	1. Forly	les	2	D36	719	29d. DATE SI	GNED (Month, Day, Year)
	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)		1	~ 1	15	, , ,
2	Susan 1. Horli	32. REGISTRAR'S SIGNATU	RE	in 's	Ln E	ziston	MD	21601
	JAN 1 '97	Julia Davidson B	ndell					

ments on the she

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certhicate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	nours after death. Page 6 may be retained by the hospital or attending physician,
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans	d in by the funeral director, page 5 should be detached for use as the burial-trans
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	or removal.
IMPORTANT: Il item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

1. DECEDENT'S NAME (First,	Middle, Last)	0	0				2. DATE OF				3. TIME OF DEATH
n	20N	ICA G.	. Ko	CHE	STEI	9	12	2		9/	9:15 A
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER 1 YE		7. DATE OF			8. BIRTHE	LACE (State or Foreign
221-62-99		1 M 2 X F	20	YAS.	MONTHS DA	TS. HOURS MIN.		14.	197	ovarniy,	MD
90. FACILITY NAME (If not in	stitution, give si				9b. CITY, TO	WN OR LOCATION OF	DEATH		9c. COU	NTY OF DE	
SOUTHERN RESIDENCE OF DEC	PAR	KAND /	40SP17.	AL		CLINTO	V		PRI	NCE	GEGRGES
10e. STATE	10b. COUNTY				Y, TOWN OR LO						10d. INSIDE CITY LIMITS?
MD	Prin	ce Geor	ge's	T€	emple	Hills					1 X YES 2 NO
10e. STREET AND NUMBER						10f. ZIP CODE			10g. CITI		HAT COUNTRY?
3859 26	th Av					20748					SA
1 National Status	Married	12. WAS DECEDEN FORCES? 1	YES 2 3	NO	II yes	DECENDENT OF HISP s, specify Cuben, Max			or No—	14. RACE Black,	 American Indian, White, etc.
Widowed 4 Divo		IF YES, GIVE W	MR OR OATES		10	YES 2 NO Spe	elfy:			Specify	
15. DEC	EDENT'S EOU	CATION	16a. D	ECEOENT'S	USUAL OCCUP	PATION	16b. K	IND OF BUS	SINESS/INC	DUSTRY	Black
Elementary/Secondary (0	y highest grade 1-12)	College (1-4 or 5 +		is the kind of the book of the	work done during se retired.)	g most of working					
12			9	Stude	ent		S	choo	1		
17. FATHER'S NAME (First, M	iddle, Last)					18. MOTHER'S	IAME (First, Mic	ldle, Maiden	Surname)		
Robert L		hester				There	sa Gr	eene			
190. INFORMANT'S NAME (7			16			eet and Number or Run	Route Number	City or Town	n, State, Zip	Code)	
Theresa		man		same		above					
20e. METHOD OF DISPOSIT	n 3 🗆 Rem	oval from State	cemetery cr	emetory or o	OF DISPOSITION		OATE			City or Tow	
Donation 5 Other 21. SIGNATURE OF FUNERA	(Specify)		Johr	1 Wes	sley (Cemetery	1/28	Mi	llir	ngto	n, MD
	L CERMICE LIC	PAIGE									
	L SERVICE LIC	ENSEE				AND ADDRESS OF		Hom	Α.		01651
23. PART I. Enter the di ehock, or hi IMMEDIATE CAUSE (Fir disease or condition	iseeses, or c		t couced the d	eath. Do r	Fe 3	llows Fu	neral ress	St.,	Mill	ling	2 1 6 5 1 ton, MD Approximete Interval Betw
23. PART I. Enter the di ahock, or himmediate Cause (Fir disease or condition resulting in death) Sequentially list conditif any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injut that initiated evente	iseeses, or ceert feilure.	DUE TO	On as a conse	e. Propence o	Fe 37 (not enter the	llows Fu	neral ress	St.,	Mill	ling	Approximete Interval Betw
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23. PART I. Enter the di ahock, or himmediate Cause (Fir disease or condition resulting in death) Sequentially list conditif any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injut that initiated evente	iseeses, or cert feilure.	a. DUE TO DUE TO DUE TO dd.	OR AS A CONSE	EQUENCE O	Fe 370 not enter the	llows Full W. Cyp mode of dylng, so we -	neral ress ich ae cardle	St., c or respi	Milliratory are	ling rest,	Approximete Interval Betw
23. PART I. Enter the dishock, or his limited in the limited in the limited in the limited in the limited events of the limited even	iseeses, or cert feilure. ions, diate NG ry T condition	a. DUE TO DUE TO DUE TO dd.	OR AS A CONSE	EQUENCE O	Fe 37 (not enter the	110 WS FU W. CYD mode of dying, so L/C 2005 dying couse given	neral ress ich ae cardie	St., c or respi	Milliratory are	ling rest,	Approximete Interval Betwonaet and De Onaet and De
23. PART I. Enter the dishock, or his lands, or his lands, or his lands are condition resulting in death) Sequentially list condition and lands are cause. Enter UNDERLY CAUSE (Disease or injusted initiated evente resulting in death) LAS	iseeses, or cert feilure. ions, diate NG ry T condition	DUE TO DUE TO C. DUE TO DUE TO DUE TO DUE TO DUE TO	On as a consecution of the conse	EQUENCE O	Fe 3 7 (not enter the	110 WS FU W. CYD mode of dying, so L/C 255 lying couse given 8. PLACE OF DEATH (neral ress ich ae cardle	c or respi	Milliratory are	ling rest,	Approximete Interval Betwonaet and De Onaet and De
23. PART I. Enter the dishock, or himmediate CAUSE (Firdisease or condition resulting in death) Sequentially list condition of the cause. Enter UNDERLY! CAUSE (Disease or injuited initiated evente resulting in death) LAS PART II. Other eignifice	iseeses, or cert feilure. ions, diate NG ry T condition	DUE TO DU	GR AS A CONSE	EQUENCE O	Fe 37(not enter the	I lows Fu W. Cyp mode of dying, so Lyce Solution B. PLACE OF DEATH (Home 5 Residence	neral ress ich ae cardle n Pert I. 2 Check only one)	c or respi	Milliratory are	ling rest,	Approximete Interval Betwonaet and De Onaet and De
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23. PART I. Enter the dishock, or he hock,	iseeses, or cert feilure. ions, diate ing int condition O MEDICAL	DUE TO DUE TO DUE TO C. DUE TO DU	GR AS A CONSE	EQUENCE O	Fe 3 7 (not enter the state of	I lows Fu W. Cyp mode of dying, and Compared to the compare	n e r a 1 ress ich ae cardle n Pert I. 2 Check only one) s □ Other (i) 28d. DE\$Cl	St., c or respi	Milliratory are	ling rest,	TON, MD Approximate Interval Betw Onest and D WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO
23. PART I. Enter the dishock, or himmediate CAUSE (Firdisease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY! CAUSE (Disease or injusthet initiated evente resulting in death) LAS PART II. Other eignifice 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	iseeses, or of cert feiture. ions, disterning on the condition of the condition of the certain	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO C. DUE TO DUE TO DUE TO C. DUE TO DUE TO C. DUE TO DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO DUE TO DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO C. DUE TO DUE TO DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO	(OR AS A CONSE	EQUENCE OF COURS	Fe 3 7 (not enter the 3 7 (not enter the 4 Nursing HE OF 1907) M 1 street, lectory, and at the time,	I l o w s F u M C y p mode of dying, se L C S S S S S S S S S S S S S S S S S S	n e r a 1 r e s s ich ae cardie n Pert I. 2 Check only one) s s Other (c) 28d. DESCI 281. LOCAT City or	St., c or respi	Milliratory and Autropsy IMED?	24b.	TON, MD Approximete Interval Betwonast and Donast and D
23. PART I. Enter the dishock, or himmediate CAUSE (Firdisease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY! CAUSE (Disease or injusthet initiated evente resulting in death) LAS PART II. Other eignifice 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	iseeses, or cert feilure. iona, diate ing iona in condition o MEDICAL Pending investigation Could not be determined	DUE TO DU	(OR AS A CONSE	EQUENCE OF COURS	Fe 3 7 (not enter the 3 7 (not enter the 4 Nursing HE OF 1907) M 1 street, lectory, and at the time,	Illows Full Cyp mode of dying, so mode of dying, so with the control of the contr	n e r a 1 ress ich ae cardle n Pert I. 2 check only one) s Other (i) 28d. DESCI 28i. LOCAT City or	St., c or respi	AUTOPSY MED? NO NJURY Oct.	24b. 24b. current or Rural Rotated. ted. te ceuse(a)	TON, MD Approximete Interval Betwonast and Donast and D

Action of the second

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the human or the property of the FUNEVAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be denoted by the human be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPAI	RTMENT O	F HEALTH OF DEAT	AND I			
	1. DECEDENT'S NAME (First, Middle, Lest)			IOAIL	JI DEAL	11	REG. NO.		3. TIME OF DEATH
	Henry	Sid	nev				MONTH 04	5	91 1:25 am
		5. SEX 6. AGE (In yrs.		IF UNDER 1 YE	AR IF UNDER	24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	021-39-3189	M2□F 87	YRS.	MONTHS DA	YS HOURS	MIN.	(Month, Day, Year)	1900	Couetry) A.
	94. FACILITY NAME (# not institution, give stre	et and number)		96. CITY, TO	WN OR LOCATIO	ON OF DE			Y OF DEATH
OR	Memorial Hosp	ital At Eas	ton	E	aston			Tall	
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY								
DIRECTOR		EN APPE	S 100 CI	TOWN OR L					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			KVI	101. ZIP CODE				1 YES 2 NO
E I	2.80				21	65	-6	10g. CITIZEI	N OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	ARMED	13. WAS			IC ORIGIN? (Specify Yes	or No. Lu	
	1 Never Married 2 Married	FORCES? 1 YES 2	NO	If yes	yes 2 Wo	Specify	n, Puarto Rican, etc.)	01110	Black, White, alc.
BY	3 Widowed 4 Divorced			1	1	Opecny			BIACK
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	impleted)	Give kind of	USUAL OCCUI	PATION g most of working	a	16b, KIND OF BUS	INESS/INDUS	TRY
1	15 1 1	College (1-4 or 5+)	He. Do NOT u		1		UA	e:	, 9
ME	17. FATNER'S NAME (First, Middle, Last)			4 00	1				300
	THOMAC	5.5.1.	ET		18. MOTN	ER'S NAI	ME (First, Middle, Maiden	Sumame)	0.1
8	19a. INFORMANT'S NAME (Type/Print)			ADDRESS /Co.		an Dural C	oute Number, City or Town	500	4794
70	DAMES	16, Sidwell	-0	Rice	E M	or Aurille A	. 2165		ode)
	20a. METNOD OF DISPOSITION	20b. PLACE	E AND DATE	OF DISPOSITION	N (Name of	10			y or Town, State
	1 Donation 6 Other (Specify)	if from State cemetery.	rematory or o	ther place)	5:	Cer		~ wto	EVILE, MC
	21. SIGNATURE OF FUNERAL SERVICE LICEN				E AND ADDRES	S OF FAC	CILITY	01	1
	1 Kennott	wally		2	197	9.8	In or	274	521600
	23. PART I. Enter the diseases, pr cor	nplications that caused the c	seeth. Dp r	not enter the	mode of dvir	on euch	as cardiac or manie	7 2 1 C	03933. SN
	shock, or heart fellure. Lis IMMEDIATE CAUSE (Fine)	st only one ceuse on each lin	10.			.9, 0001	as corolec or respir	atory arres	Interval Between
	disease or condition resulting in death)	Sentii M	act	4					Onset and Death
	resulting in death) , a.	DUE TO (OR AS A CONS	EQUENCE OF	F):					
Z	Samueralello liet annella Ch.	Preumo	mi						
E	Sequentially list conditions, If any, leeding to immediate	DUE TO JOR AS A CONSI	EOUENCE OF	F):					
CERTIFICATION	CAUSE (Disease or injury	DUE TO (00 10 1 00 10							
Ē	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI	EOUENCE OF	7):					
핑	d								
CAL	PART II. Other eignificent conditions	contributing to death but not				iven in F	Part i. 24a. WAS AN A		24b. WERE AUTOPSY FINDINGS
EDIC	Colon CA ENRO		, 0	all 8	Longe	5	1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	Lenao arsuff	many,	ere	Gral 1	Atropl	us			1 U YES 2 NO
PHYSICIAN:	CHF, Chi	mc April	C	undras	vale	rula	PSS		
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IQSPITAL:		OTHER:	. PLACE OF DE	ATH (Che	ck only one)		
1YS	1 YES 2 THO 1,	Inpatient 2 ER/Outpetient	-	4 - Nursing I		_	Other (Specify)		
	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY	INJURY AT WORK?		26d. DESCRIBE NOW IN	JURY OCCUR	ED
ВУ	2 Accident Investigation 3 Suicide & Could get be	28s. PLACE OF INJURY — At h	ome term		YES 2	-			
	4 Homicide 6 Could not be	building, etc. (Specify)	ome, tarm, e	niest, lactory, t	PHICH		281. LOCATION (Street ar City or Town, State)	nd Number or I	Rural Route Number,
COMPLETED	29a. CERTIFIER 1 (THE ENTIFYING PHYSICIA	M. Ya Mar A and A							
MP	(Check only one) 2 MEOICAL EXAMINER:	N: To the best of my knowledge, d On the besis of examination and/or	immethetic	d at the time, o	leta and placa,	and dua t	o the cause(s) and manr	er as stated.	
- 11	29b. SIGNATURE AND TITLE OF CENTIFIER			n, in my opinio					
BE	Mular	onus			29c. LICEN	ISE NUMI	BER	29d. DATE SI	GNED (Monty, Day, Year)
2	30. HAME AND ADDRESS OF PERSON WHO C	OMPLETEO CAUSE OF DEATH (ITI	EM 27) (Type	Print)				14	15771
2	michael Lex.	Quan Au	VE IA	rode	el Co.	· los	. chon 1.	0/	A. le
5	31. DATE FILED (Month, Day, Year)	32. REBISTRAR'S SIGNATURE	-6 1/1	· Come	- Con	The state of the s	CUIN	20 6.7	74
	JAN 10'97 gu	the Navidson-Hander	الله الله				200	11 070	an In

3. TIME OF OEATH

2. DATE OF DEATH

TO BE COMPLETED BY FUNERAL DIRECTOR

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190	200	
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the	
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2	5	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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Josep	h	SHAP	120			1			MONTH -	31-	9/	1300 M
4. SOCIAL SECURITY NUMB	IER'	5, SEX	6. AGE (In yrs. less 78		IF UNDE	R 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Yea	7)	6. BIRTH Countr	IPLACE (State or Foreign y)
98, FACILITY NAME (If not in	3429	1 17 M 2 🗆 F	70	YRS.	01 017	7 70 10 0	- 100	DN 05 D5	12-0	3-/3	MAR DUNTY OF D	YLAND
			0.007.017			Y, TOWN O		ON OF DE	ATH		- I - I - I - I	
SHADY GRO	VE ADV	ENTIST H	OSPITAL		ROC	KVIL	LE			_ M	ONTGO	MEKI
10a. STATE	10b. COUNT			t0c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY LIMITS?
MARYLAND	MONT	GOMERY		GA	ITHE	RSBU				-		1 YES 2 K NO
104. STREET AND NUMBER			0				ZIP CODE			1		WHAT COUNTRY?
101 ODENDHA	AL AVE	12. WAS DECEOEN	T EVER IN U.S. AR	MED	13.		2087		IIC ORIGIN? (Specify		14. RACE	STATES E — American Indian,
1 Never Merried 2 📉		FORCES? t	YES 2 N	10			city Cube		n, Puerto Ricen, atc.		Speci	k, White, etc.
3 Widowed 4 Divo												WHITE
(Specify only	EDENT'S EDU y highest grad	e completed)	(Gi	CEDENT'S ive kind of a Do NOT us	work done	during mos	N at of workin	g	16b. KIND OF	BUSINESS/I	NOUSTRY	
Elementary/Secondary (0)-12)	College (t-4 or 5	,)	CHAN		,			OTI B	URNER		
17. FATHER'S NAME (First, M	liddle, Last)		MIE	CHAIN	10		16. MOTI	HER'S NA	ME (First, Middle, Ms			
SAMUEL SH	APTRO						DO	RA	CLIENT			
19e, INFORMANT'S NAME (1			191	b. MAJLING	ADDRES	SS (Street e			Route Number, City or	Town, State,	Zip Code)	
PEARL SHAP	IRO	(WIFE)	1	01_0	DEND	HAL	AVE.	#31	8. GAITH	ERSBU	RG. M	D. 20877
20e. METHOD OF PISPOSIT 1 Westel 2 Cremetic	on 3 🗆 Ran	noval from State	20b. PLACE other pla	OF DISPO	SITION (N	lame of cen	netery, cren	natory or	200	LOCATION	— City or To	wn, State
4 Donetion / Other	(Specify)		KING	DAVI		MORI				ALLS	CHURC	H. VA.
H	1	17	74							ORIAL	СНАР	ELS, INC.
1244	4/1	L. Du	_هـ		11	70 R	OCKV	ILLE	PIKE. R	OCKVI	LLE.	MD. 20852
23. PART i. Enter the d shock, or	neeses, or east fallure.	Complications the List only one car	it ceused the de use on sech line	eth. Do	not ente	r the mo	de of dy	ing, euc	h es cerdiec or r	eepiretory	srrest,	Approximate intarval Batween
IMMEDIATE CAUSE (Findiseese or condition	haf	01			\wedge			1-	4	4	. (.	Onset and Daeth
resulting in death)	→	BUE TO	OR AS A CONSE	QUENCE O	P:	SY	ILYa	CTCe	y into	1	acre	arvos
		Fai	dune	.5	-	Si	Lon	la	em Co	not	nol	1 Lama
Sequantially list condit if any, laeding to imma	dieta	PUE TO	(OR AS A CONSE	OUENCE O	é):	0	.\			1		
ceusa. Enter UNDERLY CAUSE (Disease or inju		c 14	un)(0	7((/	ta	310	١٣				6-12 ha
that initiated avents resulting in deeth) LAS	т	1/1/	HOR AS A CONSE	OUE ICE O	(F):	an a	XI	5	tole	0 0		17 40
		d. VY V	- CITAIN			1	V		11010	3		1210
PART II. Other significa	ent condition	ne contributing to	death but not	resuiting	in the u	ınderiyin	g cause	given in		S AN AUTOPS	SY 248	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Som	am	AIN	rosc	evo	513	•			1 _ YE	S 2 NO		COMPLETION OF CAUSE OF DEATH?
												1 TES 2 NO
25. WAS CASE REFERRED T	O MEDICAL					20 01	ACE OF D	EATH #0	eck only one)			
EXAMINER?	- MEDICALE	HOSPITAL:	☐ ER/Outpatient 3	n 🗆 noa	OTHE	R:			6 Other (Specify	4		
27. MANNER OF DEATH		200. DATE OF	F INJURY	26b. TIR	AE OF	20c. 1NJ	URY AT	and all co	28d. OESCRIBE H		OCCUREO	
t Natural 5 _	Pending Investigation	(Month, E	лиу, тошт)		JURY		PRK? YES 2	□ NO				
3 Sulcide 6	Could not be	28e, PLACE (building	OF INJURY - At he, etc. (Specify)	ome, ferm,	street, fa	ctory, offic	•		261. LOCATION (S) City or Town,	treet and Num State)	ber or Rural	Route Number,
4 Homicide	datermined											
one)	dika Tana	SICIAN: To the best of e										(e) end menner ee stated.
291-STONATURE AND TITLE	E OF CERTIFI	te d	PM)			29c. LIC	ENSE NUI	MBER 72-7	29d. [ATE SIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS O	F PERSON W	HO COMPLETED CAL	ISE OF DEATH (ITE	M 27) (Typ	e, Print)			4	1/11.	· 10.	(10)	truck - W
31. OATE FILEO (Month, Day)	Ybar)	32 REGISTR	AR'S SIGNATURE	101	VVU	M	mal	LVM	vylay.		-UPIL	Tours my of
JAN 8	92	guina Da	widson Ada	plate.			/	l				/

		FOR
1	-	STATE REGISTRAP

TO BE COMPLETED BY FUNERAL DIRECTOR

- STATE REGISTRAR		SINIL OF F	MANIE	CE	RTIF		-	F DEATH	141 C 1 1	F	REG. NO).				
1. DECEDENT'S NAME (First,	Middle, Last)	-			ř.					DATE OF		DAY	YEAR	3. TI	IME OF DEATN	
XXX Stan	lev L	incoln	Vei	not						ec.			991		1:20	p.M
4. SOCIAL SECURITY NUMBER		5. SEX		'in yrs. lest	birthday)	IF UNDER 1	YEA			Month, De			8. BIRT Coun		E (State or Foreig	gn
011-14-674	49	1 M 2 F		85	YRS.	MONTHS	DAT	s HOUNS WIN.				906		M	ass.	
9a. FACILITY NAME (If not ins	stitution, give at	treet and number)				9b. CITY,	row	N OR LOCATION OF DE	EATN			9c. CC	OUNTY OF	DEATN		
Kitty's Do	omici	liary F	lome			Suc	11	ersville	2			Q	. A .			
RESIDENCE OF DEC	10b. COUNTY				10c. CITY	, TOWN OF	LO	CATION						10d.	INSIDE CITY	\neg
MD	Ke	nt			Ro	ck ł	I a	1.1						1, [LIMITS? YES 2 [X] NO	
10e. STREET AND NUMBER	RE	11 C			I O	CKI	T	10f. ZIP CODE				10g. C	ITIZEN OF		COUNTRY?	
Tolchester	r Est	ates						21661					USA			
11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDED FORCES?	YES	2 7N		H	yes,	DECENDENT OF HISPAP , specify Cuben, Mexica YES 2 X NO Specify	ın, Pu			s or No-	Ble		merican Indian, Ita, atc.	
3 Widowed 4 Divor	rced ?	H FEO, GIVE				<u> </u>		· · · · · · · · · · · · · · · · · · ·	<i>,</i>					y.	White	_
	EDENT'S EDUC highest grade			16a. DEC	EDENT'S	USUAL OC	CUP	ATION I most of working		18b. KI	ND OF B	USINESS/	NOUSTRY			
Elementary/Secondary (0-	-12)	College (1-4 or 5	+)													- 1
10	Intelligence of the second			Car	rpen	ter	_	16. MOTNER'S NA	NAF (I				tion	<u>n</u>		
17. FATHER'S NAME (First, Mi	-W							607 - 107			ole, Malde	n sumame	"			
MNKREEN		nown		106	MAILING	ADODESS	/Stee	unkn			City or To	wn State	Zin Code)			\dashv
The second secon				12,500										171	0	
Arlene Qu			20				_	town, RD,	AC	I a III :	_		— City or			
1 X Buriel 2 Crematio	n 3 🗆 Rem	oval from State		other pla	ce)			Cemeter	~ 37							
21. SIGNATURE OF FUNETIAL		CENSEE ,			O II			E AND ADDRESS OF FA			1 01	1636	CIC	J W 17	, IID	\neg
+ May	A.	Fellor	15					lows-Wel						-		
23. PART I. Enter the di	Iseases or	7200		d the de	ath. Do r			mode of dylng, suc						MD I	2 1 6 2 0 Approximate	
		List only one ca				or onto		mode of cyling, see		00.00	0 01 100	priotory			Interval Bet Onset and I	ween
IMMEDIATE CAUSE (Fin disease or condition	nal					180	?	UD						ľ	3	Jeath /
resulting in death)	→	a	OR AS	A CONSEQ				0 ~							Jys	7
		DOE IV	(on no	A CONSEC	OENCE O).								İ	U	
Sequentially list conditi		b	OR AS	A CONSEC	UENCE O	F):										
if any, leading to immed cause. Enter UNDERLY	ING													ļ		
CAUSE (Disease or inju that initiated events	II)	DUE TO	(OR AS	A CONSEC	WENCE O	F):										
reaulting in death) LAS	T	d												_		
PART II. Other significa	nt condition	na contributing to	death	but not n	esultina	In the un	derl	lving cause given in	Pari	11. 2	4a. WAS A	N AUTOP:	SY 2	4b. WEI	RE AUTOPSY FIN	DINGS
								,,,,,				ORMED?			ILABLE PRIOR TO	
										' '	☐ YES	2 NO			DEATN?	
							_							1	YES 2 NO	'
25. WAS CASE REFERRED TO	O MEDICAL						21	S. PLACE OF DEATH (C	heck r	only one)		-				\dashv
EXAMINER?		HOSPITAL:	□ FR/0	notion 2	□ DOA	OTHER	t:	Home 5 - Residence			Specifici					
27. MANNER OF DEATH		28e. DATE O			28b, TIN	E OF	_	, INJURY AT				V INJURY	OCCURED			
	Pending	(Month,	Day, Year)		IN.	IURY M	1	WORK?								
a D Sudalda	Investigation	28e. PLACE	OF INJUR	Y — At ho	me, farm,	street, fact	ory,	office	28				nber or Run	I Route	Number,	
4 Homicide	Could not be determined	bullding	, etc. (Sp	ecify)						City or	Town, Sta	to)				
29a. CERTIFIER	TIEVING PHYS	ICIAN: To the heat	of my kno	wladaa da	ath occur	ad at the ti	ma	data and place, and du	0 10 1	he cause	v(e) and m	nanner es	stated			
(Check only								on, death occured at the						e(s) and	d manner aa sta	ted.
29b. SIGNATURE AND TITLE	E OF CERTIFIE	en /	0		11			29c. LICENSE NU	JMBEI	R		29d.	DATE SIGN	ED (Mo	nth, Day, Year)	
Arten	K	Alm	N	2	<u>K/</u>		_	0/23	7	1		•	1//	0	192	
30. NAME AND ADDRESS O	road	NO CÓMPLETED CA	A J	EATH OTE	Ce	ntr	c.	ville, r	n	γ.	2	161	7	/		
31. DATE FILEO (Month, Day,	4 .07	32. REGIST	ha S	MATURE	- Pan	lett										

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit per billed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OHMH-18 Rev 1/89

. .

*	1. DECEDENT'S NAME (First, Middle, Less	1)			ICATE				REG.	TH		3. TIME OF OEATI
1	Sara R. Colli	er							12	24	91	2:15a
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1		IF UNDER		7. DATE OF BIRTH (Month, Day, Yo		B. BIRT	HPLACE (State or For
1	026-12-1111	1 🗌 M 2 🔀 F	8	O YRS.	-On this	DAVS	HOUNS	MIN.	4-12-1			ssachus
mi	De. FACILITY NAME (If not institution, give				9b. CITY, T	TOWN OR	LOCATIO	ON OF DEA	TN	9c. COL	UNTY OF	
стов	Montgomery Ge	neral Hos	pital			01r	ney			Mor	ntgon	nery
SEC	10e. STATE 10b. COUN	ITY		10c. CI	Y, TOWN OR	LOCATIO	ON					10d. INSIDE CITY
DIREC	Colorado D	enver			Denv	zer						LIMITS?
AL	10a. STREET AND NUMBER	-11			Den	_	ZIP CODE			10g. C11	TIZEN OF	WHAT COUNTRY?
FUNERAL	1332 Ash Str	eet					802	220			USA	A
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED NO	H)	yes, spec	ify Cuben	F HISPANIC n, Mexican, Specify:	ORIGIN? (Specific Puerto Rican, etc.)	y Yes or No—	14. RAC Blac Spec	E — American India ik, White, etc.
COMPLETED	15. DECEDENT'S ED (Specify only highest grad		18e. I	DECEDENT'S	USUAL OCC	CUPATION	of working	7		BUSINESS/IN		
Ę	Elementary/Secondary (0-12)	College (1-4 or 5 +	-)		work done dur se retired.)					. Col	lege	e of
MP	AT PAYMEND WANT OF A MARK	7+	A	amin	istra				Den			
	17. FATNER'S NAME (First, Middle, Last) William Joh	ngon							E (First, Middle, Me			
BE	19e. INFORMANT'S NAME (Type/Print)	nson								ell		
2	n Dr. Fatimah C	Jackso							ute Number, City o			20906
	20e. METNOD OF DISPOSITION				OF DISPOSITI			ve.		, SIL		Spring
1	1 Burlet 2 Cremetion 3 Red 4 Donation 5 Other (Specify)	moval from State	cemetery, c	remetory or o								
	21. SIGNATURE OF FUNERAL SERVICE L	CENTREE /	//	Lain	22. NA	AME ANO	ADDRES	S OF FACI	LITY	Denve:		
	* Consa k	1/m	weeks	ell					MERAL MD 208		P.A	Α.
	resulting in death)		eret	voor	Cula	T A	CCT	dent	000	· the		
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	OR AS A CONSI	EOUENCE O	Art				e i de i	*		Onset and
CERTI	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO c. DUE TO d.	(OR AS A CONSI	EOUENCE O	Art Art	eri	OSC	lero	osis	,		
MEDICAL CERTI	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO c. DUE TO d.	(OR AS A CONSI	EOUENCE O	Art Art	eri	OSC	lero	DSIS	S AN AUTOPSY SFORMED?	24b	WERE AUTOPSY FIN AVAILABLE PRIOR T COMPLETION OF CA OF DEATH? 1 YES 2 N
MEDICAL CERTI	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	(OR AS A CONSI	EOUENCE O	Fi: Art	eri	OSC	lero	Brt I. 24a. WA. PER	S AN AUTOPSY FORMED?	24b	WERE AUTOPSY FIN AVAILABLE PRIOR T COMPLETION OF CA OF DEATH?
MEDICAL CERTI	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. YES 2 NO	b. DUE TO c. DUE TO d.	(OR AS A CONSI	EOUENCE O	FI: Art	eri	OSC cause gl	lerc	Brt I. 24a. WA. PER	S AN AUTOPSY FORMED?	24b	WERE AUTOPSY FIN AVAILABLE PRIOR T COMPLETION OF CA OF DEATH?
CAL CERTI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation	DUE TO DUE TO	(OR AS A CONSI CEPED) (OR AS A CONSI (OR AS A CONSI death but not ER/Outpetient Injury Injur	EOUENCE O EOUENCE O rasulting J DOA 28b. TIM	OTHER: 4 Nursing	erlying c	CE OF DE	ATH (Check B NO	Brt i. 24a. WA. PEF 1 VE	S AN AUTOPSY IFORMED? S 2 \(\text{NO} \) NO	CUREO	D. WERE AUTOPSY FIN AWALABLE PRIOR T COMPLETION OF CO OF DEATH? 1 YES 2 N
ED BY PHYSICIAN: MEDICAL CERTI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	DUE TO DUE TO	(OR AS A CONSI COPY OF AS A CONSI COR AS A CONSI CO	EOUENCE O EOUENCE O rasulting J DOA 28b. TIM	OTHER: 4 Nursing	erlying c	OSC	ATH (Check B NO	Brt I. 24a. WA. PEF 1 VE	S AN AUTOPSY NFORMED? S 2 NO OW INJURY OC	CUREO	D. WERE AUTOPSY FIN AWALABLE PRIOR T COMPLETION OF CO OF DEATH? 1 YES 2 N
ETED BY PHYSICIAN: MEDICAL CERTI	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	DUE TO DUE TO	(OR AS A CONSI CEPED) (OR AS A CONSI	EOUENCE O EOUENCE O rasulting 3 DOA 28b. TIM INJ borne, farm, 6	OTHER: 4 Nursing E OF UNY M street, factory	erlying c 26. PLAC 9 Nome 8c. INJUR WORK 1 YES	CE OF DE. S Resirve AT R 2 Ind place, on displace, on	ATH (Checklidence 8 2 NO 2 2 and due to	art I. 24a. WA. PER 1 YE 1 YE 1 OTHER (Specify) Ted. OESCRIBE No. City or Town, S	S AN AUTOPSY HFORMED? S 2 NO OW INJURY OC reet and Number tate)	r or Aural P	D. WERE AUTOPSY FIN AWALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 No. 1
BE COMPLETED BY PHYSICIAN: MEDICAL CERTI	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	DUE TO DUE TO C. DUE TO d. DIE TO d. DIE TO DU	(OR AS A CONSI CEPED) (OR AS A CONSI	EOUENCE O EOUENCE O rasulting 3 DOA 28b. TIM INJ borne, farm, 6	OTHER: 4 Nursing E OF UNY M street, factory	26. PLAC g Nome Bc. INJUR WORK 1 YES 7, office	Cause gi	ATH (Checklidence 8 2 NO 2 2 and due to	art i. 24a. WA. PER 1 YE Nonly one) Other (Specify) red. OESCRIBE NO. City or Town, S the cause(e) end me, date end place	S AN AUTOPSY HFORMED? S 2 NO OW INJURY OC reet and Number tate) manner ee star s, end due to th	r or Rural F	D. WERE AUTOPSY FIN AWALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 No. 1
E COMPLETED BY PHYSICIAN: MEDICAL CERTI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? TO VES 2 NO Normal 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) MEDICAL EXAMINED MEDICAL EXAMINED MEDICAL EXAMINED MEDICAL EXAMINED	DUE TO DUE TO C. DUE TO d. DIA CONTRIBUTING TO DIA CONTRIBUTING TO 28e. OATE OF (Month, De building, of building, o	(OR AS A CONSI CONTROL OR AS A CONSI (OR AS A CONSI	EOUENCE O EOUENCE O Trasuiting Trasuiting Trasuiting Trasuiting Trasuiting	F): Art F): In the unde OTHER: 4 Nursing E OF UNY M Intreet, factory ad at the time	26. PLAC g Nome Bc. INJUR WORK 1 YES 7, office	Cause gi	ATH (Checklidence B 2 NO 2 2 and due to d at the times b 3 and d 4 at the times b 4 and d 5 and d 5 and d 6 at the times b 4 and d 6 at the times	art i. 24a. WA. PER 1 YE Nonly one) Other (Specify) red. OESCRIBE NO. City or Town, S the cause(e) end me, date end place	S AN AUTOPSY HFORMED? S 2 NO OW INJURY OC reet and Number tate) manner ee star s, end due to th	r or Rural F	D. WERE AUTOPSY FIN AWALABLE PRIOR TOOMPLETION OF COOP DEATH? 1 YES 2 N Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL CERTI	Sequentially list conditions, if arry, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 1 CERTIFIURG PNYS (Check only one) 1 CERTIFIURG PNYS (Check only one) 2 MEDICAL EXAMINER) 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO DUE TO C. DUE TO d. DIA CONTRIBUTING TO DIA CONTRIBUTING TO 28e. OATE OF (Month, De building, of building, o	(OR AS A CONSI CONTROL OR AS A CONSI (OR AS A CONSI	EOUENCE O EOUENCE O Faulting Tasulting Tasulting Tasulting Tasulting Tasulting	OTHER: 4 Nursing E OF 28 URY M Intreet, factory ed at the time in, in my opin	26. PLAC 26. PLAC g Nome Bc. INJUR WORK 1 U YES r, office a, data en nion, deat	CE OF DE. 5 Rasi	ATH (Check lidence 8 2 2 NO 2 2 SE NUMBER 15 8 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	art i. 24a. WA. PER 1 YE Nonly one) Other (Specify) red. OESCRIBE NO. City or Town, S the cause(e) end me, date end place	S AN AUTOPSY HFORMED? S 2 NO OW INJURY OC reet and Number tate) manner ee star s, end due to th	r or Rural F	D. WERE AUTOPSY FINANCIA BLE PRIORITOR OF COMPLETION OF COF DEATH? 1 YES 2 N

44 January

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECT

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEA
DECEDENT'S NAME (First, Middle, Last)	

FOR 1 - STATE REGISTRAR	S	TATE OF N	MARYLAN	D / DEPAR				MENTA	L HYGIENE REG. NO.	•		01002
1. DECEDENT'S NAME (First, Middle	e, Last)			OLITITI	OAIL	01 1	JEAIII	2. DATE	OF DEATH		3	. TIME OF DEATH
F.								MONT		9 1	EAR 1	:45 A M
4. SOCIAL SECURITY NUMBER	95.1	llins sex	6. AGE (In y	rs. last birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.		OF BIRTH	8.	BIRTHPL	ACE (State or Foreign
217-05-5039	1 1 6	□ M 2 💢 F	78	YRS.	MONTHS	DAYS	HOURS MIN.	02/0	3/13	1	Country)	land
9a. FACILITY NAME (If not institution	n, give street i	and number)			9b. CITY,	TOWN OR	LOCATION OF D	EATH		9c. COUNTY		
Alice Byrd T	awes	Nurs:	ing H	lome	Cr	risfi	leld		1	Some	erse	t
RESIDENCE OF DECEDE	NT											
10a. STATE 10b.	Somer	not			town of Crisf							Od. INSIDE CITY LIMITS?
	DOMET	sec			CI 131					41		☐ YES 2 🔏 NO
100. STREET AND NUMBER 26371 E.	Pear	St.				101. 2	21817			USA	N OF WH	AT COUNTRY?
11. MARITAL STATUS			T EVED IN II	O ADMED	42.14	MO DEOF		NIC ONC	NO Maraki Wasa	-	DACE	American Indian
1 Never Married 2 Marrie		WAS DECEDEN FORCES? 1	YES :	2 NO	H	yes, spec	My Cuban, Mexic	an, Puerto	N? (Specify Yes o Ricen, etc.)	7 NO- 14	Black, 1	- American Indian, White, etc.
3 Widowed 4 Divorced		IF YES, GIVE V	AR OR DATE	S	1	YES 2	NO Speci	fy:			Specify:	White
15. DECEDEN			10	Se. DECEDENT'S	USUAL OC	CUPATION		16	b. KIND OF BUSII	NESS/INDUS	TRY	
(Specify only higher Elementary/Secondary (0-12)		pleted) pliege (1-4 or 5	P) .	(Give kind of v life. Do NOT us					17 3 4-	-12		
Grade 5				Food Se	rvice	e sur	perviso	r	Hospita	3T		
17. FATHER'S NAME (First, Middle,									Middle, Malden S	,		
George W.	. Coll	ins					B1:	anche	Britt:	inghar	n	
19a. INFORMANT'S NAME (Type/Pri	int)								nber, City or Town,			
Frank L. Colli	ins, J	r. (so	n)	4088	Jacks	sonv.	ille Rd	(Crisfie:	ld, M	D	21817
20a. METHOD OF DISPOSITION 1/A Burial 2 Cremation 3 4 Donetion 5 Other (See		/91 from State	20b. P	her place) nyridge	Memo	ne of come	tery, crematory or L Park			sfiel	-	
21, SIGNATURE OF FUNERAL SER	,,	EE		1 3	00.4	1000 000	ADDRESS OF E	ACILITY			-	
-01	mi	Ben	01	_ \	E	Brad	shaw &	Sons	Funera.			24047
talu	Work.	,	-						- Cris			21817
23. PART I. Enter the disees ahock, or heart i					ot enter	the mod	e of dylng, su	ch ae ca	rdlec or reepin	tory erree	t,	Approximate interval Between
IMMEDIATE CAUSE (Final		,										Onset and Death
disease or condition reaulting in death)	a	C	1/14									844
		OUE TO	(OR AS A C	ONSEQUENCE OF	F):							
Sequentially liet conditions,	b											
if any, leading to immediate cause. Enter UNDERLYING		DUE TO	(OR AS A C	ONSEQUENCE O	F):							
CAUSE (Disease or injury	c_	DUE TO	(OR AS A C	ONSEQUENCE O	P.							
that initiated events resulting in death) LAST			(0111011011		-							
	d											
PART il. Other significent co	onditiona co	ontributing to	death but	not resulting	in the un	derlying	cause given in	n Part i.	24a, WAS AN A PERFORM			VERE AUTOPSY FINOINGS
	_								1 TYES 2	NO	1	COMPLETION OF CAUSE OF DEATH?
												I YES 2 NO
25. WAS CASE REFERRED TO MED EXAMINER?		OSPITAL:			/		CE OF DEATH (C	heck only o	one)			
1 YES 2 NO		Inputient 2	ER/Outpati	ent 3 🗆 DOA	OTHER	t: sing Home	5 - Residence	8 🗆 Oth	ner (Specify)			
27. MANNER OF DEATH		28a. DATE Of (Month, I		28b. TIM	E OF URY	28c. INJU WOR		28d. DI	EȘCRIBE HOW IN	JURY OCCU	RED	
1 Natural 5 Pendi 2 Accident Invest	ing ligation				М		ES 2 NO					
3 Suicide 6 Could		28e. PLACE (of INJURY -	At home, farm,	street, facto	ory, office			CATION (Street and y or Town, State)	d Number or	Rural Ro	ute Number,
4 Homicide determ	mined	7.55										
29a, CERTIFIER (Check only	G PHYSICIAI	N: To the best o	f my knowled	ige, death occurr	ed at the ti	me, date s	and place, and du	e to the c	ause(s) and menr	er an stated		
onel who	EXAMINER: O	n the basis of	examination a	nd/or investigation	on, in my o	pinion, de	ath occured at th	e time, de	ta and place, and	due to the	cause(a)	and manner as stated.
190. SIGNATURE AND TITLE OF C	EFITIFIER	///	1		. 1		29c LICENSE N	JMBER .	. /	29d. OATE S	SIGNED (Month, Qey, Year)
Tt. 14.		100	lus	1 11/			010	2/1	4	1/2	12	9/91
36 NAME AND ADDRESS OF PER							1			/	/	111
James A.	Sterli			320 W.	Main	St.	- Cris	fiel	d, MD	2181	7	
JAN - 2	92	32. REGISTR	AR'S SIGNAT	WAL Hands	M.							

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	RTMENT OF	HEALTH AND	MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) HILDA	7000		Care	44.0	MONT	OF DEATH	AY	YEAR	TIME OF DEATH	
7	4. SOCIAL SECURITY NUMBER 2/8-20-5208		n yrs. last birthday) 6 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont	of BIRTH th, Day, Year) -28-19		BIRTHPL Country)	ACE (State or Foreign	M
6	PENINSULA GENER RESIDENCE OF DECEDENT	A CONTRACTOR OF THE PARTY OF TH			OR LOCATION OF D		20 1,	9c. COUNT		ТН	
DIREC	Maryland Som	erset		Y, TOWN OR LOCA					100	od. INSIDE CITY LIMITS? VES 2 NO	_
FUNERAL	100. STREET AND NUMBER 11990 Crisfiel			10	or. zip code 21853			U		AT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 (NO	It yes, s	CENOENT OF HISPA pecify Cuben, Mexic S 2 NO Speci	an, Puarto	N? (Specify Yer Rican, etc.)	or No 14	Specify:	American Indian, white, etc.	
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed) College (1-4 or 5 +)		work done during m se retired.)	ost of working	166	. KIND OF BU	SINESS/INDUS			
E COMPL	10 17. FATHER'S NAME (First, Middle, Lest)	00	Poult	ry Gro	18. MOTHER'S NA						
TO BE	19a. INFORMANT'S NAME (Type/Print) James Goslee	<u>ee</u>			and Number or Rural	Route Num		n, State, Zip Co		1 0104	- 1
	20a. METHOD OF OISPOSITION 1 Burlel 2 Cremellon 3 Rem 4 Donation 5 Other (Specify)	cemel	PLACE AND DATE Of elery, cramatory or of	OF DISPOSITION (N ther place)	ame of	DAT	E 20c, LO	CATION — CII	y or Town	and 2186 State Sings, M	
	3 Hu	man L MO	N295	Hi	nman Fu	nera	al Hon	ne	5 7		
	23. PATE 1. Enter the diseases, or shock, pr heert failure. IMMEDIATE CAUSE (Finei disease or condition resulting in death)	s. Muleur	cn line.	not enter the mo	ode of dying, suc	ch aa csr	diec or reapi	ratory arree	t,	Approximate Interval Betwee Onset and Dea	
CATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR AS A C	Waley	his	Lyn	S	Lan	a.			
ERTIFI	CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DUE TO (OR AS A C	CONSEQUENCE OF	Pir							
MEDICAL C	PART II. Other significent condition	e contributing to deeth but	t not reaulting li	n the underlyin	g ceuse given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	MED?	AM CC DF	ERE AUTOPSY FINDING ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	s
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF OEATH (Ch						
BY PHYS	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpetient 2 FR/Outpet 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	E OF 28c. INJ	DURY AT ORK? YES 2 NO		r (Specify) SCRIBE HOW II	NJURY OCCUP	NED		
LETED B	3 Suicide 6 Could not be determined	26s. PLACE OF INJURY building, etc. (Specify	Al homa, term, et	treel, factory, offic	ea .	261. LOC City	ATION (Street a or Town, State)	nd Number or	Rural Route	Number,	
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINE	CIAN: To the best of my knowled R: On the basis of examination a	dge, death occurred and/or investigation	ed at the time, data n, in my opinion, d	and place, and dua leath occured at the	to the cau	se(a) and man	ner as stated.	ause(a) an	d manner as stated.	
TO BE CON	29b. SIGNATURE AND TITLE OF CENTURE	teg) M	2	29c, LICENSE NUI	WBER 21	9	29d. DATE S	IGNED (MO	onth, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO Charles Stegman	RT3 Box 3	PRINC		u,md.	218	53				
	JAN - 3 '92	32. REGISTRAR'S SIGNAT	URE TRACE	L							

Side of many trades

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND	/ DEPAR	RTMENT	OF H	EALTH	AND			9. E	I ;	37564
1. DECEDENT'S NAME (First	t, Middle, Last)	CATHE		A.	E	ELL:	COTT	н	2. DATE OF I	D/		YEAR	3. TIME OF DEATN
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1		IF UNDER		7. DATE OF E (Month, De	NETH		S. BIRTN	IPLACE (State or Foreign
213-22-6		1 M 2 X F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	11-09-	-15		Mar	w Yland
90. FACILITY NAME (If not in							R LOCATIO		EATH		9c. COU	NTY OF D	
PENINS		NERAL HOS	SPITAL		S	ALI	SBURY	<u>. </u>			V	VICO	4ICO
10e. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN OF	LOCAT	ION		_				10d. INSIDE CITY
MD	Son	merset			Mario	on s	Stati	on					LIMITS?
10e. STREET AND NUMBER						_	ZIP CODE				10g. CITI	ZEN OF V	WHAT COUNTRY?
6641 Char	cles Ca						218.	38			U	SA	
1t. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. YES 2 MAR OR DATES	RMED	19	yes, spi	ENDENT OF ecity Cuben 2 X NO	, Mexice	ilC ORIGIN? (Sen, Puerto Rican	pecify Yee i, etc.)	or No-	Black	American Indian, White, stc.
	EDENT'S EDU		16a. E	ECEDENT'S	USUAL OC	CUPATIO	N .		16b. KIN	D OF BUS	INESS/IND		
Grade 5		College (t-4 or 5	, _	Give kind of viel. Do NOT us		inng mo	st of working	7		Seaf	ood		
17. FATNER'S NAME (First, M									ME (First, Middle		Surname)		
Fulton L									e Lewi				
190. INFORMANT'S NAME (ott (hus	1						Route Number, C		, State, Zip	Code)	
		ott (nus						c d	efg				
20a METNOD OF DISPOSIT t Denial 2 Crematic	on 3 🗆 Reme	oval from State	cemetery, c	e AND DATE (ther place)				DATE		CATION —		
4 ☐ Donetion 6 ☐ Other 21. SIGNATURE OF FUNERA		ENGEE	- St.	Paul'					29/91	Mar	ion :	Stat	ion, MD
	1 6	1-0	1,	,			D ADDRESS		ons Fu	nera	1 Hor	me	
/ a	luly	1. / Que	W. Cler	w	_ 3	06	W. Ma	in	St	Cris	field	i. M	21817
23. PART I. Enter the di ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fellure.	a.	c causad tha c se on each lir	10.	2	he mo	de of dyln	ig, suct	h as cardiac	or respir	atory arro	est,	Approximata Interval Between Onset and Daath Munch
Sequentially list condition if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injuthat initiated eventa resulting in daath) LAS	diate ING Iry	on	COP AS A CONSI	0-0	le	0	ey	Porce	la col C	e. Jos			Dey Des
PART II. Other algnifice	ent condition	a contributing to		reaulting I	n the und	erlying	cause gl	ven in i		WAS AN A PERFORI	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t □ YES & NO
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:				ck only one)				
27. MANNER OF DEATH		1) Inpetient 2 28e. DATE OF		3 DOA	-	6c. INJL		idence i	6 Other (Spe		Marrie C. C.	1050	
The second secon	Pending	(Month, De		INJU		WOF	HY AI HK? ES 2	NO.	28d. DESCRIB	e NUW IN	JURY OCC	URED	
3 Suicide 6	investigation Could not be determined	28e. PLACE Of building,	F INJURY — At h	ome, farm, s	treet, factor			NO	281. LOCATION City or Tow	l (Street er	nd Number	or Rural Re	oute Number,
29a. CERTIFIER (Check only one) 1 OERT 2 MEDI	FYING PNYSIC	CIAN: To the best of ax	my knowledge, d	leath occurre	d at the tim	e, date o	and place, e	end due t	lo the cause(e)	and menr	due to the	d. ceuse(e)	end manner ee stated.
296. SIGNATURE AND TITLE	n/	5	200	-			29c. LICEN	ISE NUM	BER		29d. DATE	SIGNED 2	(Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WNO	COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type,	Print)	-	Sal	الما	The said	1.0	2	80	3/
31. DATE FILED (Month, Day,)	92	32. REGISTRA	R'S SIGNATURE	Parlore					17				

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		FOR 1 - STATE REGISTRAR	STATE OF MARYL	LAND / DEPART CERTIFIC	MENT OF HEALTH /	AND MENT	AL HYGIENE REG. NO.			
		DECEDENT'S NAME (First, Middle, Last) L	WARD F	(In yrs. lest birthday)	Jones	Dec	TE OF DEATH DAY ember 30	1991	3. TIME OF C	7 4
(P)	221-16-9767 90. FACILITY NAME (If not institution, give	152 M 2 □ F	62 YRS.	IF UNDER 1 YEAR IF UNDER 2 IONTHS DAYS HOURS Db. CITY, TOWN OR LOCATION	MIN. (MG	re of Birth onth, Day, Year) -1-19	29 8. I	OF DEATH	x Foreign
1, 2, 3	СТОВ	PENINSULA GENE	RAL HOSPITAL		SALISBU	RY			COMICO	
permit. Pages	L DIRECTOR	10e. STATE 10b. COUNTY 10b. COUNTY 10c. STREET AND NUMBER	MERSET		TOWN OR LOCATION ESTOVEY 101. ZIP CODE	Md.			10d, 1NSIDE (LIMITS? 1 YES 2	KNO
clan.	FUNERAL	9430 Amb	EV LANE 12. WAS DECEDENT EVER	IN ILE ADMEN	218	71		2	1.5	
215-0020 attending physician. se as the burial-trar	ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	13. WAS DECENDENT OF If yee, specify Cuben, 1 YES 2 NO	HISPANIC ORN Mexicen, Puert Specify:	SIN? (Specify Yee o	r No— 14.	RACE — American Black, White, etc. Specify: Blace	indian,
2121 all or affe for use a	PLETED	15. DECEDENT'S EDI (Specify only highest grad	College (1-4 or 5+)	IIIe. Do NOT use	k done during most of working	1	SUF	Fun t	lourd	
MARYLAND 2 retained by the hospital of 5 should be detached for notified at once.	COMPL	17. FATNER'S NAME (First, Middle, Last)	144	1-11 001		R'S NAME (Firs	I, Middle, Malden S	urneme)	104/021	-
2 2 2	TO BE	190. INFORMANT'S NAME (Type/Print)	Sones	196. MAILING A	DDRESS (Street and Number of	Rural Route Nu	imber, City or Town,	State, Zip Coc	112.0	71
IORE, e 6 may be ector, page must be		20e. METNOO OF DISPOSITION 1 Burle1 2 Cremetion 3 Rer 4 Donetion 5 Other (Specify)	noval from State 201	b. PLACE AND DATE OF	DISPOSITION (Name of plage)	AFIR CA	TE 20c, LOG	ITION — City	or Town, State	//
ALTIN death. Pag e funeral dir e funeral dir il.		21. SIGNATURE OF FORERAL SERVICE L	CENSEE	7.D.	22. NAME AND ADDRESS	of FACILITY Sen	AUE. F.	rinch	1114.	853
in 24 hours at the filled in by lation, or remote the medic.		23. PART I Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Rep	natur	enter the mode of dylne	g, auch sa ce	erdiac or reepira	tory arreat,	Interve	ximate of Between and Death
68 xecute and can buria	NTION	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS A	A CONSEQUENCE OF):	ysena					
P.O. B n certificat anding phy Hygiene p or other	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. OUE TO (OR AS A	A CONSEQUENCE OF):						
RECORDS, F requires that the death been signed by the atte of Health and Mental shows any Injury, of	MEDICAL CI	PART II. Other eignificant condition	one contributing to deeth b	out not resulting in	the underlying ceuse giv	ren in Part i.	24a. WAS AN AI PERFORM 1 YES 2	ED?	24b. WERE AUTOPS AWAILABLE PRI COMPLETION (OF DEATH?	OT ROI
S by by by by by by by by by by by by by	SICIAN: M	25. WAS CASE REFERRED TO MEDICAL							1 YES 2	□ NO
F VITA SICIAN: The certificate hi the State D , or Item	YSICI	EXAMINER? 1 YES 2 NO	HOSPITAL:		28. PLACE OF OEA THER: Nursing Nome 5 Resident					
이 등 함을 함	ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c, INJURY AT WORK? M 1 YES 2		EŞCRIBE NOW INJ	URY OCCURE	D	
DIVISION DR ATTENDING DIRECTOR: After hours after death Nem 28 is mai	ETED	3 Suicide 6 Could not be determined	28e, PLACE OF INJURY building, stc. (Spec	/ — A1 home, ferm, stre	et, factory, office	28f. L.C	CATION (Street and by or Town, State)	Number or R	urel Route Number,	
E ACE	COMPLI	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ICIAN: To the best of my know R: On the beele of examination	riedge, death occurred on end/or investigation,	nt the time, data and place, a in my opinion, death occured	nd dua to the c	ause(e) and manne fa end place, end	or ee stated.	use(s) end manner (se stated.
TO THE HOSPI TO THE FUNER be filed within	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Hag	mo	Di	SE NUMBER	19	Pd. DATE SIG	NEO (Month, Day, M.)ar)
		30. NAME AND ADDRESS OF PERSON W	tegman M	ATN (ITEM 27) (Type, Pr	int)					
		31. DATE FILEO JANA DESTROPOS 92	32. REGISTRAR'S OIGN	ATURE						

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Market and the second of the s

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND /		RTMENT				MENTA		IE	1 5	37566
1. DECEDENT'S NAME (F		Кперра			ICATE	. 01	DEA	111	2. DATE		MY	YEAR	3. TIME OF DEATH 2:45 P.
4. SOCIAL SECURITY NU.	055	5. ŠEX 1 📈 M 2 🗆 F	6. AGE (In yrs. les 40	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE (Mon	OF BIRTN th, Day, Year)		a. BIRTNP Country	LACE (State or Foreign
90. FACILITY NAME (# no Garrett o	o. Memo		олр.				Land			-77_	100	ity of DE	ATH
10a. STATE	10b. COUNT	Fayette		10c. CIT	Y, TOWN O		ysbu	20	Pa.				10d. INSIDE CITY LIMITS?
10e. STREET AND NUMB					True.		. ZIP COD		1α.		10g. CITI		I TYES 2 NO
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 D	Married Ivorced	IF YES, GIVE V	YES 2 N	MED	11	yea, spe	ENDENT Conciling Cubic	n, Maxice	m, Puario	N? (Specify Ye Rican, etc.)	s or No	14. RACE	- American Indian, White, atc.
15. D (Specify Care)	ECEDENT'S EDU only highest grade (0-12)	CATION completed) College (1-4 or 5 -	(G life	ive kind of a Do NOT us	USUAL OC work done d se retired.)	luring mo	ON st of workli	ng	160	b. KIND OF BU	SINESS/IND	USTRY	
17. FATNER'S NAME (First, Abrah 19a. INFORMANT'S NAME		перра		ı '	0		Etl	hel.	Smit	Middle, Maiden Ley K	renns		
Everett C	. Krepp	04		RD#	1 Bo.	x 22	20 1		leys	ber, City or Tow	a. 15	459	
1 Burial 2 Crema 4 Donation 5 Ott	tion 3 Rem er (Specify)		20b. PLACE / cemetery, cre	metory or o					1/2		rbley		
Educa	Del	houng	20		Done	ald	Craw	of one	d F.,	H. BOX	81 nkley	sbur	Pa. 154 2 PA. 154
23. PART I. Enter the ahock, or iMMEDIATE CAUSE (I disease or condition resulting in death)	meart ramura.	a. Duetto	OR AS A CONSE	DUENCE OF	Tof	aret	da of dy	ing, auc	h aa car	diac or reap	iratory arre	eat,	Approximata interval Betwee Onset and De
Sequentially list condition if any, leading to immicause. Enter UNDERICAUSE (Disease or in that initiated events resulting in death) Li	ediata YiNG Jury	a Diat	OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTIO	m	411	49 V3	4.						
PART II. Other algorifi	AND THE REAL PROPERTY.	-	death but not n		in the unc	derlying	cause g	jiven In	Part I.	24a. WAS AN PERFOI 1 PES 2	MED?	0	VERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE F DEATN?
25. WAS CASE REFERRED EXAMINER? 1 YES 2 CO	TO MEDICAL	HOSPITAL:		I	OTHER		ACE OF D						
27. MANNER OF DEATH	Pending Investigation	28a. DATE OF	ER/Outpatlant 3 INJURY By, Year)	28b, TIM	4 Nursi	28c. INJU	JRY AT			SCRIBE HOW I	NJURY OCC	UREO	
2 Accident 3 Suicide 6 4 Nomicide	Could not be determined	28e. PLACE Of building,	F INJURY — At horate. (Specify)	me, farm, s	street, facto				26f. LOC City	ATION (Street or Town, State)	and Number (or Rural Roo	ite Number,
		CIAN: To the best of R: On the bests of ex											nd manner ea atated.
290. SIGNATURI AND THE			s en	n			29c. LICE			7			fonth, Day, Year)
30. NAME AND ADDRESS	7/1	COMPLETED CAUS	e of DEATH (ITEM	27) (Type,	Print)	toka	7)ak 1	und	m	2	14	50,
31. DATE FILED (Month, De			R'S SIGNATURE			-)						



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	1 - STATE REGISTRAR	STATE OF MARYLA	CERTIF	FICATE O	F DEATH	MENTAL HYGIEN REG. NO		
		in luens	ser	Ko	has	2. DATE OF DEATH MONTH D	AY 8 - 9 1	3. TIME OF DEATH
)	4. SOCIAL SECURITY NUMBER 393-01-6680)-A 1 - M 2 - 7	yrs, lest birthday) 6 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) 11/5/19	15 WIS	THPLACE (State or Foreign intry)
TOR	9a. FACILITY NAME (# not institution, 9507 — VEIF RESIDENCE OF DECEDEN	S DRIVE #1			KVILLE	EATH	9c. COUNTY OF	OMERY CO.
DIRECT	10a. STATE 10b. Co		10c. Cf	TY, TOWN OR LOC				10d. INSIDE CITY LIMITS?
FUNERAL	10e. STREET AND NUMBER	VEIRS DRIVE	#1		101. ZIP CODE 208	50	10g. CITIZEN OF	1X XYES 2 NO
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	U.S. ARMEO	If yes,	ECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No 14. RA	CE — American Indian, ock, White, etc.
ETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed) Coflege (1-4 or 5+)	(Give kind of life. Do NOT u	S USUAL OCCUPA work done during se retired.)	most of working		I SINESS/INDUSTRY	
COMPL	17. FATHER'S NAME (First, Middle, Las	LUENSER	11011	DIANEN	18. MOTHER'S NA	ME (First, Middle, Meiden LMA GUTKN	Sumame)	
TO BE	19a. INFORMANT'S NAME (Type/Print) REV. WILLIAM	KOHN			t and Number or Rural	Route Number, City or Town	n. State, Zip Code)	i0
	20a. METHOD OF DISPOSITION 132 Burlel 2 Cremation 3 C 4 Donalion 5 Other (Specify)	Ramoval from Stata ceme	PLACE AND DATE	OF DISPOSITION		DATE 20c, LO	CATION — City or	Town, Slats
	21. SIGNATURE OF FUNERAL SERVICE	ELICENSEE		HY		CILITY .,INC.FUN .N.W. W	NERAL H	OME
CERTIFICATION	ehock, or heert fell immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE O	Pi:		occlero		Approximeta intervel Betwee Onset and Deal
MEDICAL O	PART II. Other aignificant cond	itiona contributing to deeth bu	t not resulting	in the underlyi	ng cause given in	Part I. 24a. WAS AND PERFORM 1 TYES 2	MED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Ch	eck only one)		
BY PHYSI	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigat	1 Inpatient 2 ER/Outpet 26a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c, IN	Raeldence JURY AT ORK? YES 2 NO	6 ☐ Other (Specify) 28d. OEŞCRIBE HOW IN	JURY OCCURED	
E I	3 Suicide 6 Could no detarmine		At home, farm,	street, factory, off	ice	28f. LOCATION (Street as City or Town, State)	nd Number or Rural	Route Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING P	HYSICIAN: To the best of my knowled MINER: On the basis of examination of	ige, death occurrend/or investigation	ed at the time, da	te and place, and due death occured at the	to the cause(a) end mani- time, data and place, and	ner as stated. I due to the cause	s) and manner as stated.
O BE	296. SIGNATURE AND TITLE OF CERT	J'ander		~	29c. LICENSE NUN	IBER 57-4-6		D (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON	touber	8:) 15 CON	2510 ac		the sae
	31. DATE FILED (Month, Day 92)	St. HEGIS HAR S SIGNAT	Mondell					

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contra ova

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	D		
	1. DECEDENT'S NAME (First, Middle, Last MARY CATHER		Y			2. DATE OF DEATH MONTH Dec. 31.	1991 Y	CAR	DOSO .
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last birthday) YRS.	# UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Morith, Day, Year) June 28,	8.	Country)	E (State or Forek
)	9a. FACILITY NAME (If not institution, give 2746 Fennel Roa				OR LOCATION OF D			OF DEATH	
C	RESIDENCE OF DECEDENT								
DIRE		e Arundel		y, town on Loc lgewate1				1 24	INSIDE CITY LIMITS? YES 2 N
VERAL	2746 Fennel Road			1	21037		U.S	.A.	COUNTRY?
BY FUN	11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 IF YES, GIVE WAR	YES 2 XNO	If yes,		NIC ORIGIN? (Specify Van, Puerto Rican, atc.) fy:		Specify: White	
LETED	15. DECEDENT'S ED (Specify only highest grad Elamentery/Secondary (0-12)		Ilfn. Do NOT u	work done during i	TION most of working	186. KIND OF 80		STRY	
COMPL	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maide	n Surname)		
ш	Peter D. Mulcahy				Marghe	rite G. Cl	Lements		
TO B	19a. INFORMANT'S NAME (Type/Print) Margherite G. Mul	cahy				Route Number, City or To		ode)	
	20a, METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	moval from Stata	Gate of H	eaven Co	cemetery, cremetory or emetery J	an. 2, 92 S	ocation – cit SIlver	y or Town, S Sprin	g, Md.
	21. SIGNATURE OF FUNERAL SERVICE I	DE TIME	7	1		n Ave.,N.			
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate causa. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (0	R AS A CONSEQUENCE OF	PF:	PRESUM	(F)			
MEDICAL	PART II. Other significent condition		eath but not resulting	in the underly	ing cause given in	Part i. 24a. WAS A PERF	AN AUTOPSY ORMED? 2 X NO	OF D	E AUTOPSY FIN LABLE PRIOR T PLETION OF CA DEATH? YES 2 N
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C				
BY PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day)		WE OF 28c. I	ome 5 b/Residence INJURY AT WORK? YES 2 NO	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW	V INJURY OCCU	RED	
ETED B	3 Suicide 8 Could not b 4 Homicide determined	28e, PLACE OF	INJURY — At home, farm, c. (Specify)	street, factory, of	fice	281. LOCATION (Stree City or Town, Ste	et and Number of te)	Rural Route	Number,
COMPLE	cool		y knowledge, death occur mination and/or investigati						manner as str
BE	29b. SIGNATURE AND TITLE OF CERTIF	Mesinin	· mD.		29c. LICENSE NI	JMBER 3022	29d. DATE:	SIGNED (Mon	
10	90. NAME AND ADDRESS OF PERSON OF PROINNSIAS O'CRO!!	1"	OF DEATH (ITEM 27) (TYP)		RUAD, E	DGEWAT	ER V		
	31. DATE FILED (Month, Day, Yang)	32. HEGISTRAN	S SIGNATURE TO ANGLE	2					

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must	ı
medical examine	Ì
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event	l
or other traumatic	
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use
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91	-7821-510 Items 1 - STATE REGISTRAR	STATE OF MA	HYLAND / DEI	PARTMENT O	G-683 1. F HEALTH AND OF DEATH	MENTAL	HYGIEN	E		
	1. OECEDENT'S NAME (First, Middle, Last) CORA	Ē		REDITH	JF DEATH	2. DATE OF MONTH	REG. NO.		3. TIME OF DEATH	
1	4. SOCIAL SECURITY NUMBER 216-10-6934 9s. FACILITY NAME (If not institution, give si	1 □ M 2 1 F	AGE (In yrs. lest birtho	IS. MONTHS DA	YA HOURS MIN	5 3 / 1	BIRTH Day, Year)	299	B. BIRTHPLACE (State or Foreigy a Country) Orthumberlar	
TOR	1819 ASHBURTON		TOWN OR LOCATION OF DEATH LIMORE CITY Sc. COUNTY OF DEATH				TY OF OEATH			
DIRECTOR	10s. STATE 10b. COUNTY Maryland			city, town on L			<u>.</u>		10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO	
FUNERAL	1819 Ashburto				101. ZIP CODE 21216			U.S	EN OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EN FORCES? 1 [] IF YES, GIVE WAR	YES 2 NO	If ye	DECENDENT OF HISI II, specify Cubin, Mex YES 2 NO Spe	Ican, Puerto Rici	Specify Yes en, atc.)	or No 1	4. RACE — American Indian, Black, Whita, atc. Specify: Black	
COMPLETED	15. OECEOENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 11th grade	CATION completed) College (1-4 or 5+)	(Give kind life, Do NO	NT'S USUAL OCCU d of work done durin OT use retired.)	g most of working		IND OF BUS		STRY	
BE COMF	17. FATHER'S NAME (First, Middle, Lest) John H. Thomp:	son	_ I Rean.	tician	3.7	NAME (First, Mick			n	
TO B	19a. INFORMANT'S NAME (Type/Print) Alice Scott Ke.				eet and Number or Rur	al Route Number,	City or Town		ton,DC 20002	
	206. METHOD OF DISPOSITION 1 □ Burlei 2 20 Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) 21. SIGNATURE EUNERAL SERVICE LICENSEE				matory Silver Spring, N					
	22. NAME AND ADDRESS OF FACILITY W.H. Bacon Funeral Home 3447 14th Street, N.W. Wash. DC 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate									
	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	list only one cause	on each lina.	IC CAR	MOVAS C				Interval Batween	
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant conditions	contributing to dea	nth but not resulting	ng in the under	ying cause given		e. WAS AN A PERFORM	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL: 1 I Inpetient 2 ER/Outpatient 3 DOA I Investige to the control of the con									
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	INJURY AT WORK? YES 2 NO	28d. DESCRI		JURY OCCU	RED				
	3 Suicide S Could not be 4 Homicide determined	offica 261. LOCATION (Street and Number or Rural Route Number, City or Yown, State)								
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
TO BE C	291. SIGNATURE AND TITLE OF CENTIFICA	ell	nd		O . C . M			.	IGNED (Month, Day, Year)	
	MAKO F GOL	E, JKV,	MP 111		STREET E		ORE		LAND 21201	
	JAN 0 6 199	2 Sultan	SIGNATURE Davidson-Ra	ndell						

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death certificate be executed within BOX 13146, DIVISION OF VITAL RECORDS, P.O. the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that

this certificate h

DIRECTOR: After the hours after death v

TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE be filed within 72 hours at IMPORTANT; If Item 21

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marked,

28 Is

BE

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29a. CERTIFIER

20b. SIGNATURE

31. DATE PILED

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stely filled in by the funeral director, page 5 should be deta		n 23 shows any Injury, or other traumatic event, the medical examiner i
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 12 30 FLORENCE FUNK NUTTLE 1991 7:00 A 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 🗌 M 2 🔯 F 215-10-1359 95 10/16/1896 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 220 S. Somerset Ave. Crisfield Somerset RESIDENCE OF DECEDENT DIRECT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a. STATE MD Somerset Crisfield 1 YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101. ZIP CODE 220 S. Somerset Ave. 21817 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: White BY 3XXWIdowed 4 ☐ Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Elementary/Secondary (0-12) Maryland Public Schools Educator H. S. graduate 4 years 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John W. Funk Daisy Smith BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Nancy N. Tawes (daughter) Same as # 10 a b c d e f g 20a. METHOD OF DISPOSITION 01/02/92 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State Denton Cemetery Denton, MD ☐ Donation 5 ☐ Other (Specify) 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Bradshaw & Sons Funeral Home abul H. 306 W. Main St. - Crisfield, 21817 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cardisc or respiratory errest, Approximete interval Between ahock, or heert feilure. List only one ceuse on sach line. **Onset and Death IMMEDIATE CAUSE (Fine)** disease or condition ears Cerebro Arteriosclerosis resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuss given in Part I. 24a. WAS AN AUTOPSY MEDICAL 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: EXAMINER? OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28s. DATE OF INJURY 27. MANNER OF DEATH 28h TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) Suicide 281. LOCATION (Street and Number or Rural Floute Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. * MEDICAL EXAMINER: On the beels riigation, in my opinion, death occured at the time, data and place, and dua to the cause(a) and manner as stated. D TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29¢ LICENSE NUMBER 6 D 10214 12/31/91 IN HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) Type, Print) James A. Sterling, M. D. - 320 W. Main St. - Crisfield, MD 21817 32. REDISTRAR'S SIGNATUR

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FOR

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC			MENTA	L HYGIEN				
1	1. DECEDENT'S NAME (First, Middle, Last	ROSALIE F.	PHILLIPS		YRD	MONT	OF DEATH	AY	YEAR	3. TIME OF DEATH	M
)	4. SOCIAL SECURITY NUMBER 218-05-1330	1 🗆 M 2 🔀 F	78 YRS. MO	UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont) 02—	OF BIRTH h, Day, Year) 19-13		. BIRTHI Country	PLACE (State or Foreign	_
TOR	PENINSULA GENERAL HOSPITAL PENINSULA GENERAL HOSPITAL SALISBURY WICOMIC										
DIRECTOR	MD 10b. COUN	10c. CITY, To	TOWN OR LOCATION Crisfield				10d. INSIDE CITY LIMITS? 1 TES 2 XNO			-	
FUNERAL	10. STREET AND NUMBER 3296 Sackertov		101.	101. ZIP CODE 21817			10g. CITIZEN OF WHAT COUNTRY? USA				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNO	It yes, spe	ENDENT OF HISPA city Cuban, Mexic 2 NO Spec	an, Puerto !	f? (Specify Yea Rican, etc.)	or No — to		- American Indian, White, etc.	_
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) H.S. grad	UCATION de completed) Cellege (1-4 or 5 +)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re House	done during mos	N It of working	18b	. KIND OF BU		STRY		_
	17. FATHER'S NAME (First, Middle, Last) John Wilson	tt. MOTHER'S NAME (First, Middle, Malden s									
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							1817			
	20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory of other piece) Sunnyridge Memorial Park1/4/92 Crisfield, MD										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Rebuth Brush bean 22. NAME AND ADDRESS OF FACILITY Bradshaw & Sons Funeral Home 306 W. Main St Crisfield, MD 21817									_	
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Congestive Acart Failure Due to (or as a consequence or): Sequentielly list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or):										
MEDICAL	PART II. Other eignificant condition	ons contributing to death	but not resulting in ti	he underlying	ceuse given in	Pert I.	24a. WAS AN PERFOR 1 YES 2	2 NO COM		WERE AUTOPSY FINDINGS WARLABLE PRIOR TO COMPLETION DE CAUSE DE DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO									_	
ву Рну	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO 28d. DE\$CRIBE HOW IN.					NJURY OCCURED					
	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number of Rural Route Numbe							ute Number,			
COMPLETED	29a. CERTIFIER (Check only one) CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and menner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated.										
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBER 030690			29d. DATE SIGNED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Typa, Print) James E. Martin, M.D., 145 E. Corroll 54., 5-1:350-4, M.D.										
	JAN - 6 '92	32. REGISTRAR'S SIG	MATURE Andrea						Ŷ		

Later to the contest of the contest

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	RTMENT OF HEALTH AND ICATE OF DEATH	MENTAL HYGIENE REG. NO.	31 3/5				
	1. DECEDENT'S NAME (First, Middle, Last)	T F. RECTOR		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH				
1	4. SOCIAL SECURITY/NUMBER 137-12-1219	5. SEX 6. AGE (In yrs. last birthdey) 1	F UNDER t YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8. BIRTHPLACE (State or, Foreign Country)				
6		Street and number) IERAL HOSPITAL	9b. CITY, TOWN OR LOCATION OF C SALISBURY	DEATH	9c. COUNTY OF CEATH WICOMICO				
DIREC	10e. STATE 10b. COUNT	O ICOMICO 10c. CIT	Y, TOWN OR LOCATION SHISDUCK		10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	100. STREET AND NUMBER 404A - Brook	ridge Drive	10f. ZIP CODE /	01	10g. CITIZEN OF WHAT COUNTRY?				
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 NO IF YES, GIVE WAR OR OATES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Spec	en, Puerto Rican, etc.)	No- 14. RACE - American Indian, Black, White, etc. Specify:				
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12)	College (1-4 or 5+) (Give kind of life. Do NOT u	USUAL OCCUPATION work done during most of working sprettred.)	CAMP!	11/0				
BE COM	17. FATNER'S NAME (First, Middle, Last) GROTGE S.	Hayman	18. MOTHER'S N	AME (First, Middle, Maidgn Su	meme) /				
5	19e. INFORMANT'S NAME (Type/Print) MAYGATE 20g. METHOD OF DISPOSITION	GrAN1 404-	ADDRESS (Street and Nymber or Rural A-Brook ridg	E Dr. SAI	isbury Md 2180				
	1 Serial 2 Cremetion 3 Ren 4 Donetion 5 Other (Specify)	2-29-91 cemetery cromatery or of 50hm	of DISPOSITION (Name of liber place) WES EY CEM 22. NAME AND ADDRESS OF F	12-28 FYIV	TION - City or Town, Stata 1 CESS ANK ME				
Ш	Hethy	. More	103 Hampde	EN AUX. Pri	ICESS APPRESS				
	23. PART I. Enter the diseeges, or shock, or hear fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that caused the death. Do List only one cause on each line. a. Ruspuratury Amust		ch es cerdiec or respirat	Approximate Interval Between Onset and Des				
NOIL	Sequentially list conditions, If any, leading to immediate Diffe to (or as a consequence of): DAYS DUE TO (or as a consequence of):								
ERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CDUE TO (OR AS A CONSEQUENCE O	F):						
EDICAL CE	PART II. Other eignificent condition	d	in the underlying ceuee given in	Part I. 24a. WAS AN AU PERFORME	ED? AVAILABLE PRIOR TO COMPLETION OF CAUSE				
AN: ME		1			1 YES 2 NO				
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Description 2 ER/Outpatient 3 DOA	28. PLACE OF OEATN (C. OTHER: 4 Nursing Nome 5 Residence						
ву РНУ	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Yeer) 28b. TIM	E OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE NOW INJURY OCCURED					
<u>a</u>	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At home, ferm, building, etc. (Specify)	atreet, fectory, office	281. LOCATION (Street end Number or Rural Route Number, City or Town, State)					
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of my knowledge, death occurr	ad at the time, date and place, and du	a to the cause(e) end menner e time, date end place, and d	r es atated. (ue to the cause(e) end manner ee sta				

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

31. DATE FILED (Month, Day, Year)
DEC 2 7 91

32. REGISTRAR'S SIGNATURE

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TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146

•	1 - STATE REGISTRAR		SIAIE UF N		ERTIF					MENTAL HY	ilENE i. NO.		
,	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DE	ATH	YEAR	3. TIME OF DEATH
			AVALO		GIN-SI					12	30°	1991	5:00 A m
l	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. I	est birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIR (Month, Day,)	bar)	Coun	
	218-03-6728 9a. FACILITY NAME (If not Inc.	-alaal1		93	THS.	AL 0/7	Y, TOWN O	21001710		07-30-		COUNTY OF	ryland
۱	517 W. Ma					90. CH		sfiel		AIH	ac.	Somer	
۱	RESIDENCE OF DEC		· (HOME)				OL 1.	31 161	·u	-		DOMEI	360
	10a. STATE	10b. COUNT			10c. CIT	Y, TOWN	OR LOCAT						10d, INSIDE CITY LIMITS?
Ì	MD	Som	erset					sfiel					1 X YES 2 NO
Ì	517 W. Ma	in St	•				101	2181				. CITIZEN OF	WHAT COUNTRY?
ŀ	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	PMED	13	. WAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (Spec	cify Yes or No	- 14. RAC	E — American Indian,
	1 Never Merried 2 3 Nidowed 4 Divo		IF YES, GIVE V	YES 2 AR OR DATES	INO		1 Tyes, spe	2 TNO	Specify	n, Puerto Ricen, e	tc.)		White
		EDENT'S EDU			ECEDENT'S					16b. KIND	OF BUSINES	S/INDUSTRY	
	Elementery/Secondary (0 H.S. grad	-12)	College (1-4 or 5-1 College	-) //	Oper	se retired.)	at or working		c.	& P.	Telep	hone Co.
I	17. FATHER'S NAME (First, M	iddle, Last)						18. MOTH	IER'S NA	ME (First, Middle, i	Maiden Surna	me)	
ı	Isaac 3	. Rig	gin						Ade:	lia Lew:	is		
	Betty F. St		era (eiet							Route Number, City		10, Zip Code) 945.39)
					E OF DISPOS							N — City or 1	
ŀ	20a, METHOD OF DISPOSIT		oval from State	other		- 17		110				ield.	
ı	21. SIGNATURE OF FUNERA		CENSEE	1	2==-9	-	. NAME AN	ID ADDRES	S OF FA	CILITY			
	> TKa	but.	4.73	udle	een)	Brac 306	dshav W. M	& : Main	Sons Fu	neral Crisf	Home	MD 21817
1	23. PART I. Enter tha d		complications the			not ente							Approximate Interval Between
l	IMMEDIATE CAUSE (FIR		List only one car	ise on eech in	10.								Onset and Death
l	disesse or condition resulting in death)	\rightarrow	a	CV	•								instant
l			OUE TO	(OR AS A CONS	EOUENCE O	f):							
	Sequentially liet condit		b	(OR AS A CONS	EOUENCE O	F):							
	if any, leading to imme cause. Enter UNDERLY	ING	c.										
	CAUSE (Disease or Inju		DUE TO	(OR AS A CONS	EOUENCE O	F):							
Ì	resulting in death) LAS	' (d										
	PART II. Other significa	et conditio	ne contributing to	death but no	resulting	In the I	undarlyln	g ceuea g	lven in	Part I. 24a.	MAS AN AUTO		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
		150	00								YES 2 X		COMPLETION OF CAUSE OF DEATH?
		CH	70							_			1 YES 2 NO
Ì													
ì	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			ОТН		ACE OF D	EATH (Ch	eck only one)			
ı	1 "WES 2 NO		1 🗆 Inpatient 2		-	4 🗆 N	ursing Hom		sidence	8 Other (Spec			
1	27. MANNER OF DEATH 1. Natural 5	Pending	28a. DATE Of (Month, I		28b. TJN	JURY M		VES 2	□ MO	28d. DEŞCRIBE	HOW INJUR	Y OCCURED	
	2 Accident	Investigation	28a. PLACE (F INJURY — At	home, farm,				NO	28f. LOCATION	(Street and N	lumber or Rura	l Route Number,
ĺ	4 Homicide	Could not be determined	building	atc. (Specify)						City or Town	i, State)		
	Cornect Orny		SICIAN: To the best of a										(a) and menner as stated.
	296. SIGNATURE AND TITLE	OF CERTIFIE	1/ /	11.	1	12.	31.1	M	ENSE NU		290		ED (Month, Day, Year)
	1 den	7 1	11	the	un	1	141	D 1	1021	*		1/2/	72
1	James A.		ing. M.D.	- 320	W. M.		St.	- Cri	sfi	eld, MD	21	B 17	
1	ST. DATE FILED (Month, Day.		Julia.	ANY SIGNATORE	Marghal	e.					-		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT		HYGIENE
CERTIFICATE	OF DEATH	BEG NO

REGISTRAR		CE	RTIF	CATE (F DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Las	()					2. DATE OF	DEATH	YEAR	3. TIME OF DEATH
Robert	G.			trom		12	2.5	9 1	12:50 A.
4. SOCIAL SECURITY NUMBER	5. SEX 1 1 1 F	6. AGE (In yrs. Ins	t birthday) YRS.	IF UNDER 1 YE MONTHS DA		7. DATE OF (Month, D	BIRTH by, Year) -1936	8. BIRT Cour	HPLACE (State or Foreign stry)
Sa. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	VN OR LOCATION OF			COUNTY OF	DEATH
Prince Georg					everly				George
10a. STATE 10b. COUN			10c. CITY	, TOWN OR LO	CATION				10d. INSIDE CITY
				Wash	ington, I	OC			LIMITS?
106. STREET AND NUMBER 201 "I" Stree	t SE				101. ZIP CODE		100	. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 N		If you	DECENDENT OF HISP, , specify Cuban, Mexic YES 2 NO Speci	can, Puerto Rica		Bla	CE — American Indian, ck, White, etc. city:
15. DECEDENT'S EI (Specify only highest gra		(GI	CEDENT'S ive kind of w	USUAL OCCUP rork done during e retired.)	ATION most of working	16b. Ki	ND OF BUSINES	S/INDUSTRY	
17. FATHER'S NAME (First, Middle, Lest)		211			La siciona a				
					18. MOTHER'S N	IAME (First, Mide	He, Maiden Surna	ime)	
19a. INFORMANT'S NAME (Type/Print) OCME		191	. MAILING	ADDRESS (Str	et and Number or Rura	l Route Number,	City or Town, Sta	te, Zip Code)	
20e. METHOD OF DISPOSITION 1	moval from State	20b. PLACE A cemetery, cree		F DISPOSITION her place)	(Name of	DATE	20c. LOCATIO	ON — City or 1	own, State
21. SIGNATURE OF NUNERAL SERVICE	LICENSEE Ronald	d Wade,	Dîr	22. NAM	E AND ADDRESS OF F	ACILITY S	TATE A	NATOMY	BOARD
Denuld/10	1/100.	1-24		655	W. Baltîm				
IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. MULT	OR AS A CONSEC							Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	OR AS A CONSEC	UENCE OF):					
CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (C	OR AS A CONSEC	OUENCE OF):					
PART II. Other significant condition	ona contributing to d	aath but not re	esulting is	n the under	doc cause given it	Part I 24	a. WAS AN AUTO	nev la	
					ying cadag given it		PERFORMED		b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF DEATH (C	heck only one)			
EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	iome 5 🗆 Residence	6 Other (S	Decify)		
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF IN (Month, Day,	Year)	28b. TIME INJU	OF 28c.	INJURY AT WORK?	28d. DESCR	enger act		to/Auto
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	280 DI ACE OF	INJURY — At hor c. (Specify)	ne, term, at	lreet, factory, o		261. City or T	ON (Street and No own, State)		
	SICIAN: To the best of m	y knowledge, des		d at the time,		a to the cause(a stated.	
2 MEDICAL EXAMI		mination and/or in	rvestigation	n, in my opinio	n, death occured at th	e time, data and	f place, and due	to the cause	a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFI	W (1)				29c. LICENSE NU		29d		(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W		OF DEATH (ITEM	1 27) (Type,	Print)	1 0.C.M	E .		12-2	5-91
31. DATE FILED (Month, Day, Year)	1/ORGU 32. REGISTRAR	S SIGNATURE	1 Pe	enn S	reet. B	al.im	ore, Ma	ryl:	nd 21201
JAN 29 1992	0	dson-Rang	Lead	2					

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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (M. JAN 1

LCDR Day, Year)

Month.

- STATE REGISTRAR	STATE OF	CE	EK! IF	ICALE	OF DEA	T H		REG. NO)		
1. DECEDENT'S NAME (First, Middle, La	est)				O. DEA			E OF DEATH			3. TIME OF DEAT
	ELIZA	BETH TRI	PP				DE	EC 29	991	YEAR	6:20
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 Y	EAR IF UNDE	R 24 HRS.	7. DATE	OF BIRTH		B. BIRT	THPLACE (State of Formatty) DISTRI
218-38-6595	1 M 2 F	49	YRS.	WOMINS D	HOURS	serve.		JL 8 19	942		COLUMBIA
90. FACILITY NAME (If not institution, gi				96. CITY, TO	OWN OR LOCAT		EATH			JNTY OF	
NATIONAL NAVA	AL MEDICAL	CENTER			BETHES	SDA			l N	10NT	GOMERY
10a. STATE 10b. COU	NTY		10c. CIT	Y, TOWN OR I	LOCATION					-	10d. INSIDE CITY
MARYLAND MO	ONTGOMERY			OLNEY	Z						LIMITS?
10e. STREET AND NUMBER					101. ZIP COD	Œ			10g. CI	IZEN OF	WHAT COUNTRY?
3310 TIDEWATER					20	0832			UN	VITE:	D STATES
11, MARITAL STATUS 1 X Never Married 2 Married	FORCES?	NT EVER IN U.S. AR	MED	13. WAS	S DECENDENT	OF HISPAI	NIC ORIGI	N? (Specify Yes	or No-	14. RAI	CE - American India
3 Wildowed 4 Divorced	IF YES, GIVE	WAR OR DATES			YES 2 X NO			7410a11, 410.)			oc//y: WHITE
15. DECEDENT'S E	DUCATION	16a, DE	CEOENT'S	USUAL OCCL	PATION		161	b. KIND OF BU	CINESS/IN	OUETRY	WILLIE
(Specify only highest gr	ade completed) College (1-4 or 5	(Gi	tve kind of a	work done duri se retired.)	ng most of worki	ing	100	D. KIND OF BU	SINESS/IN	DUSTRY	
The state of the s	5		ATTO	RNEY				LEGA	AL		
17. FATHER'S NAME (First, Middle, Last)								Middle, Melden			
	RON TRIPP)			E	ELIZA	BETH	H MARY	RHOI	DES	
19e. INFORMANT'S NAME (Type/Print)					treet end Numbe						
ANNE C. RUSSELL 200. METHOD OF DISPOSITION					ATER CO	DURT,	OLN		_	_	
1 Buriel 2 Cremetion 3 R 4 Donetion 5 Other (Specify)	emovel from State	cemetery, cred	MAD DATE	of DISPOSITIO			12-				Town, State
21. SIGNATURE OF FUNERAL SERVICE		_ U. :	5. 11				1/-	411 110-1	hoed	2 N	lamy land
	LICENSEE		0. 0			SE OF FA		ool per	nesu	a, 1	Maryland
Do -	LICENSEE	0	0. 0	22. NAI	ME AND ADDRE		CILITY	1200			агутапи
> Elen	X1. K	Capp		22. NAI Rap 933	p Fune:	ral Aven	Serv	ices, Silver	P. Spr	A.	
23. PART I, Enter the diseases,	or complications th	Caypo et caused the de	ath. Do r	22. NAI Rap 933	p Fune:	ral Aven	Serv	ices, Silver	P. Spr	A.	MD 2091
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BETHESDA.

MD 20889-5000

IISNR 2. BEGISTDAR'S SIGNATURE Juna Daydona Ray

to the Williams

	DECEDENT'S NAME (First, Middle, Last)				F DEATH	2. DATE	E OF DEATH	AY V	EAR 3. TII	WE OF DEATH
	MAEOLA B. TURI	PIN					1/2			91	8:30
4.3	SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		MONTHS DAY		Alon	OF BIRTH th, Day. Year)		BIRTHPLACE Country)	(State or Foreign
0	218-50-1194	1 M 2 F	43	YRS.			6	-9-19	-	n	10.
90.	DEER S HEAD C					in or location o SBURY	F DEATH		WICON		
	ESIDENCE OF DECEDENT										
100	on. STATE 10b. COUN	Sanger		10c. CIT	SINCE	1/1	j-a			1 1	INSIDE CITY LIMITS? YES 2 NO
104	o. STREET AND NUMBER	JUNIETS	1111	2 5	ITALE	101, ZIP CODE	<u> </u>		10g. CITIZER	N OF WHAT	
L	30251 Bow	land 1	4,11 C	1101	E	21	853		1	0,5,	
- 11	. MARITAL STATUS Never Merried 2 Merried	12. WAS DECEDE FORCES?	NT EVER IN U.S. A	BMED NO		DECENDENT OF HIS specify Cuban, Me			e or No-	. RACE — An Black, Whit	nerican Indian, a, etc.
	☐ Widowed 4 ☐ Divorced	IF YES, GIVE	WAR OR DATES	1	1 🗆	YES 2 NO S	oecify:			Specify:	lack.
	15. OECEOENT'S ED (Specify only highest gra		16a, D	ECEDENT'S	USUAL OCCUP	ATION most of working	16	b. KIND OF BU	SINESS/INDUS	TRY	
	Elementary/Secondary (0-12)	College (1-4 or 5		DO NOT U	se retired.)	1					
17	FATHER'S NAME (First, Middle, Last)	-		/10	USEW		NAME (First	Middle, Malden	Surname)		
	Clarence	HAUM	ard			mi	1/12 (7 /	in		
194	. INFORMANT'S NAME (Type/Print)	1	11	9b. MAILING	ADDRESS (St	eet and Number or R	ural Route Nul	mber, City or Tow	vn, State, Zip 9	pole) , d	2185,3
	Thelma Goi			307	51 3	ow land	Hil	Lira	le H	INCE	ss Itni
20 1	Da. METHOD OF DISPOSITION Burlel 2 Cremation 3 Re	moval from State	20b. PLACE other p		MA.	cemetery, cremetory	or	20c. LC	CATION - CIT	y or Town, Si	71.
	Donation 5 Other (Specify) 1. SIGNATURE OF LINERAL MERNICE	LICENSEE	<u> </u>	3/1	22. NAM	E AND ADDRESS O	F FACILITY	CATI	7///02/	111	4.
	AH SH	21,0	7		1	11	1 .1			Mari	10
			/		1/23	Hamind	un HI	UE, TY	IN CESS	Tres	IL CO
23	3. PART I. Enter the diseases, o	r complications th	nst caused the d	lesth. Do	103			VE, Pri			
	ahock, or heert fellur				103						Approximete interval Betv
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IA di	ahock, or heert fellur MMEDIATE CAUSE (Final Ilsease or condition	a. SEPSIS	E.S.R.	D. (E	IND STA	mode of dying, GE RENAI	such as ca	ASE)			Approximete interval Betw
IA di re	ahock, or heeft fellur MMEDIATE CAUSE (Final Ilsease or condition eaulting in death)	a.SEPSIS. DUE T	E.S.R.	D. (E EOUENCE O RETIN	ND STA	mode of dying,	such as ca	ASE)			Approximete interval Betw
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burile training permit Pages 1.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPART	MENT OF HEALTH AND M	REG. NO.	
	1, DECEDENT'S NAME (First, Middle, Last	Taylor Jr.		2. DATE OF DEATH DAY 12 22 9	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER 220-28-2378	1 XM 2 LF GO YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	(Month, Day, Year) 12-17-1931	BIRTINPLACE (State or Foreign Country)
TOP	90. FACILITY NAME (If not institution, give ATHO) RESIDENCE OF DECEDENT	MR-110 LOCUST St.	96. CITY, TOWN OR LOCATION OF DEA	1	RISET
DIRECTO		MERSIZT 10c. CITY	CrisFirld		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	110 Locust		101. ZIP CODE 21817	1	S S
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ASMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF NISPANI If yea, specify Cuban, Mexican, 1 YES 2 NO Specify:		RACE — American Indian, Black, White, atc. Specify: B/ACK
COMPLETED	15. DECEDENT'S ED (Specify only highest gra- Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)		SEA Food	TRY
	17. FATHER'S NAME (First, Middle, Last)	Travlas Sia	18. MOTHER'S NAM	IE (First, Middle, Melden Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and Number or Rural Re	ute Number, City or Town, State, Zip Co	7.1817
	20s, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Re 4 Donation 8 Other (Specify)	moval from State (2 18 9)	ITION (Name of cemetery, crematory or	20c. LOCATION - CH	y or Town, State
	21. SIGNATURE OFFUNERAL SERVICE	LICENSEE LAW	314 COUR ST		d. 21817
	23. PART 1. Enter the disease, o shock, or heer failure immediate CAUSE (Finel disease or condition resulting in deeth)	a. Due TO (OR AS A CONSEQUENCE OF	oler Acced		Approximate interval Between Ones and Detty
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	-):		1.0
CERTIFICATION	CAUSE (Diseese or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OF	ገ ፡		
AL	PART II. Other significent conditi	one contributing to deeth but not resulting i	in the underlying couse given in f	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (Che	ck ank one)	1 YES 2 NO
SICI	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA	OTHER: 4 Nursing Nome 5 Residence (
ву РНУ	27. MANNER OF DEATH 1 M Netural 5 Pending 2 Accident Investigation			28d. DESCRIBE NOW INJURY OCCU	RED
ED	3 Suicide 8 Could not b	28e, PLACE OF INJURY At home, ferm, a	street, factory, office	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
COMPLET	anal and	YSICIAN: To the best of my knowledge, death occurre INER: On the basis of examination and/or investigation			
BE	296. SIGNATURE AND TITLE OF CERTIF	+ VVIII. ac	all D-10	214 > /	SIGNED (Month, Day, Year) -3-92
2	James A. S	WNO OGMPLETED CAUSE OF DEATH ATEM AT TIPO	Box 70 Cris	sfield. Md	21817
	31. DATE FILED (Month, Day, Year)	32. REMISTRAN'S MONATURE	2		H II

BALTIMORE, MARYLAND 21215-0020

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IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours af	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo	f item 28 is marked, or item 23 shows any injury, or other traumatic event, the medics
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32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

91 37578 91-3912-033 ITEM: 1. PER MED FILM G-709 3/22/94 t.t
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) LISA MONET GARNER 3. TIME OF DEATH **UNKNOWN 91 124** 7-11-91 1:35 P 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS HOURS 1 M 2 F YRS 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 295 (S) / mi. (S) of Riverdale Road Carters Creek Prince Georges 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. FORCES? 2 NO If yee, specify Cuben, Mexicen, Puerto Rican, atc.) 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES BY 1 TES 2 NO Specify. Specify: 3 Widowed 4 Divorced Black COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 10 BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ocme pe 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must netion 3 - Removal from State 1 Burlet 2 Cre 4 Donetion 5 Other (Specify) in state examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald Wade, Dîr 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY BOARD 1711 1000 1-24-92 655 W. Baltimore St, Balto., MD 21201 medical PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or haart fallure. List only one cause on each line. intarval Batween IMMEDIATE CAUSE (Final **Onaet and Death** the disease or condition Stab was tiple reaulting in death) DUE TO (OR AS A MEDICAL CERTIFICATION Sequentially ilat conditiona, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseasa or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 5 PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 DES 2 NO OF DEATH? 1 POYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER 1 X YES 2 NO 4 Nursing Home 5 Residence 8 Wither (Specify) in Woods 280. DATE OF INJURY (Month, Day, Year) Found 27. MANNER OF DEATH Found Found 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Stabbed 1 YES 2 X NO BY 0.7 II 1991 28e. PLACE OF INJURY — At building, etc. (Specify) 2 Accident 281. LOCATION (Street a 3 Sulcide ETED nd Number or Rural Route Number a Could not be 4 SHomicide Unknown 29e. CERTIFIER
(Check only one)

CERTIFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(a) end menner as stated. COMPL IMPORTANT: If 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) O.C.M.E 2 12 1991 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore Maryland 21201

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician. This certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sh the State Deor, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once. TO BE COMPLETED BY FINEBAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral manual and within 72 hours after death with the State Dent, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

4 Homicide

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29a, CERTIFIER

91 37579 FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REGISTRAR 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 91-99 UNKNOWN 06 91 P 11 4:20 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign HOURS 1 K M 2 F YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PRINCE GEORGES COUNTY HOSPITAL CHEVERLY PRINCE GEORGES RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 NO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: White 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ocme 20b. PLACE AND DATE OF DISPOSITION (Name 28c. LOCATION -- City or Town, State DATE Ronald Wade, Dir STATE ANATOMY BOARD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1-24-92 655 W.Baltîmoer rSt, Balto., MD 21201 23. PART I. Enter the diseases, complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haert failure. List only one ceuse on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition moures resulting in death) DUE TO (OR AS A Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate . Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE YES 2 NO OF DEATH? YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Name 6 | Rasidence 6 | Other (Specify) 1 XYES 2 NO 1 Inpatient 2 X ER/Outpatient 3 DOA 28a. DATE OF INJURY (Month, Day, Year) 06/11/91 27. MANNER OF DEATN 28b, TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 3:22PM PEDESTRAIN STRUCK BY AUTO 1 YES 2 X NO Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined ROUTE #4

> 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(e) and manner as stated. on and/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(a) and manner as stated.

29d. DATE SIGNED (Month, Day, Year)

TITLE OK CERTIFIER 29c. LICENSE NUMBER O.C.M.E. 06/12/91

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MEDICAL EXAMINER: On the b

ENE ms 111 PENN STREET, BALTIMORE, MARYLAND 21202

HIGHWAY

32. REGISTRAR'S SIGNATURE

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: It fem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

UNKNO	fiddle, Last)								TE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	OWN 9	91-21						1 2	NTH	9	91	1:10 P
I. SOCIAL SECURITY NUMBER	R	5. SEX 1 M 2 F	8. AGE (In yrs.	lest birthday) YRS.	IF UNDE MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.		TE OF BIRTH onth, Day, Year)		8. BIRTI	HPLACE (State or Foreign
Potomac Riversidence of Dece	er (n	treet and number) ear Wood	row Wi Br	lson idge)	9b. CIT	Y, TOWN	OR LOCATION OF I	PEATH			ince	George's
	IOb. COUNTY			10c. Cf	TY, TOWN							10d. INSIDE CITY LIMITS? 1 YES 2 NO
0e. STREET AND NUMBER						10	I. ZIP CODE			10g. Ci	TIZEN OF	WHAT COUNTRY?
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15. DECED (Specify only h Elementary/Secondary (0-1)				DECEDENT' (Give kind of life, Do NOT	work done	during me	ON ast of working		15b. KIND OF	BUSINESS/IN	DUSTRY	
7, FATHER'S NAME (First, Mide	dle, Last)					Ė	18. MOTHER'S N	IAME (Fin	it, Middle, Malo	len Surname)		
9a. INFORMANT'S NAME (Typ OCME	e/Print)			19b. MAILIN	IG ADDRES	SS (Street	and Number or Rura	I Route N	umber, City or	lown, State, 2	Elp Code)	
tos. METHOD OF DISPOSITIO	3 Ram	în state	of ceme	CE AND DA			l (Name	D	ATE 20c.	LOCATION -	- City or T	own, Blate
MILLER OF EMERAL	SERVICE LA	Rona Rona	1d Wade	e, Dîr 1-92			ND ADDRESS OF I					MY BOARD 21201
IMMEDIATE CAUSE (Fine		List Dnly ona ca										Onset and D
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REGISTRAR		CENTIF	ICATE OF	DEATH		REG. NO.					
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UNKNOWN 9	1-46	(skeleton	1)	03	28	3 1	991	11	:45	A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D			8. BIRTH Count		State or Fo	reign
98. FACILITY NAME (III, not institution, give ROUTE 4 AT I-95				OR LOCATION OF D	EATN		9c. COUP PRINC			GES C	OL.
RESIDENCE OF DECEDENT 10e. STATE 10b. COU		10c. CF	TY, TOWN OR LOCA	ATION					LII	SIOE CITY MITS?	
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1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2 NO	If yes, s	pecify Cuben, Mexic S 2 NO Speci	en, Puerto Rici				k, white,		
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17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S N	AME (First, Mid	dle, Maiden	Sumame)				_
19. INFORMANT'S NAME (SmarPrint)		19b. MAILIN	G ADDRESS (Street	and Number or Rural	I Route Number	City or Your	n, State. Zin	Codel		-	_
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20e. METHOD OF DISPOSITION 1		20b. PLACE ANO DAT of cemetary, cremator		N (Name	OATE	20c. LO	CATION —	City or To	own, Stat	•	
21. SIGNATURE OF FUNERAL SERVICE	Rona	1d Wade, Di:	L	W.Baltîm	2.1	ATE A					
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 flours after death. Fage 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. **ORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1711 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR **CERTIFICATE OF DEATH** 3. TIME OF DEATH 12:35 P 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 28AY 199EAR (91 - 45)**МОЗТН** UNKNOWN 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) DAVS 1 M 2 F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE CITY DIRECTOR WOODS----2700 FREDERICK AVENUE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. ORCES? 1 YES 2
YES, GIVE WAR OR DATES FORCES? 1 Never Married 2 Married 1 YES 2 NO Specify: Black Specify: BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 185 KIND OF BUSINESS/INDUSTRY (Specify only highest grade com Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 ocme 20s. METHOD OF DISPOSITION 20h PLACE AND DATE OF DISPOSITION (Name 28c. LOCATION - City or Town, State DATE 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) in state 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY Monald Wade, Dîr STATE ANATOMY BOARD 1-24-92 655 W. Baltimore St, Balto., MD 21201 es, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, 23. PART I. Enter the diee **Approximete** ahock, or heert fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel diseese or condition_ No anatomic or toxicologic cause of death resulting in death) DUE TO (OR AS A CONSEQUENCE OF): (unpended 4-18-91) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate . Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL WAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 | NO OF DEATH? YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: me 5 - Residence XX Other (Specify) WOODED AREA nt 2 ER/Outpetlant 3 DOA YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 26c. INJURY AT WORK? 1 Natural 5 Pending M 1 YES 2 NO 28-91 found BY Unknown Investigation 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) COMPLETED 4 Homicide woods (found) found - 2700 blk. Frederick R 29a. CERTIFIER Balto, Md 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and ma 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE

1991

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OCME

111 PENN STREET

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BALTIMORE, MARYLAND 2120

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S ŞIGNATURE - wie wier - pandell

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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPA	ARTMENT OF IFICATE OF	HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Lest) BERNARD		В.		OWN	2. DATE OF DEATH	3 9°	3. TIME OF DEATH 4:45 A M
	4. SOCIAL SECURITY NUMBER 212-64-2997	1 M 2 F	36 YRS.	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Bey, Year) MAY 23, 1	955	BIRTHPLACE (State or Foreign Country) BALTIMORE, MD.
IO HO	PRINCE GEORGES		AL	96. CITY, TOWN	OR LOCATION OF C		PRINC	OF DEATH
DIRECTOR	PRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND PRINCE	E GEORGE'S		CITY, TOWN OR LOCAL				10d. INSIDE CITY LIMITS? XX YES 2 \(\square\) NO
FUNERAL	100. STREET AND NUMBER 8315 SPRUCE HILL				M. ZIP CODE	20707		N OF WHAT COUNTRY?
ВУ	11_MARITAL STATUS 1 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	EVER IN U.S. ARMED YES 2 XNO OR DATES	If yes, s	CENDENT OF HISPA pecify Cuban, Maxic S 2 ANO Spec	ANIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		. RACE — American Indian, Black, White, atc. Specify: BLACK
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12th grade	CATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT	T'S USUAL OCCUPATE of work done during m r use retired.) MPLOYED		166, KIND OF BU	ISINESS/INDUST	TRY
BE COI	17. FATHER'S NAME (First, Middle, Last) DAVID BROWN				LEADO	DER JAMES		
10	199. INFORMANT'S NAME (Type/Print) LORRAINE BROWN (SI	STER)	8315	SPRUCE	HILL DRI	NOTE LAUREL	n, State, Zip Coo	LAND 20707
, b	20a. METHOD OF DISPOSITION **COMPurial 2 Cremetion 3 Remo 4 Donation 5 Other(Specify)		20b. PLACE AND DAT	MEMORIAL	PARK	12/18/91	CATION — City LAN	
	DE	Jay	les	433	9 HUNT P	ERAL HOME, PLACE, N.E.	WASH.	
	23. PART I. Enter the diseases, or c ahock, or heert fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	GUNSTO	caused the death. Do on each line. T Warry [R AS A CONSEQUENCE	DOF			iratory arrest	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST	с	R AS A CONSEQUENCE					
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions	a contributing to de	ath but not resulting	j in the underlyin	g ceuse given in	Pert I. 24e. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 A YES 2 NO	HOSPITAL:	R/Outpatient 3 🗆 DOA	OTHER:	LACE OF DEATH (C)	a Other (Specify)		
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJ (Month, Day.) 12/12/	JURY 266. TI 9 1 1 1:	IME OF 28c. INJ		26d. DESCRIBE HOW II		
	3 Suicide a Could not be determined	28e. PLACE OF IN building, atc.	NJURY — At home, ferm, (Specify) STOR			28f. LOCATION (Street a City or Town, State) LANDOVER		LANDOVER RD
COMPLETED	Check only 1 CERTIFYING PHYSIC (Check only one) 2 MEGICAL EXAMINER	SIAN: To the best of my R: On the best of exam	knowledge, death occur sination and/or investigat	rred at the time, data	and place, and due	e to the cause(s) and man	ner sa stated.	use(a) and manner as stated.
TO BE	30. NAME AND ADDRESS OF PERSON WHO	elle	1 M.	73-LA	O . C . M			MBER 13,199
	MARIO F. GOLL:	E JR. M.	D.	111	PENN	ST. BALTI	MORE,	MD. 21201
1	JAN 1 3 199	0 .	Savidson-Par	ndall				

DHMH-16 Rev 1/89

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1	•	STATE REGISTA	AR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	SIMIE UF I	CEF	RTIFIC	CATE C	F HEALTH	AND I		HYGIENI REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH		3. TIME OF DEATH
AVA			CA	RTER			1 2	27		991 4:30 P.M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest b		IF UNDER 1 YEA	-	24 HRS.	7. DATE OF (Month, D		,	8. BIRTHPLACE (State or Foreign Country)
BUNKNOWN	1 M 2 XF	37	YAS.				7-2	3-5	4	WAShington D.C.
9a. FACILITY NAME (If not institution, give s		A T	-		VN OR LOCATE	ON OF DE	EATH			NTY OF DEATH
PRINCE GEORGES	HUSPIT	AL		CHEV	ERLY				PRI	NCE GEORGES
10e. STATE 10b. COUNTY			10c. CITY,	TOWN OR LO	CATION					10d. INSIDE CITY
md. P.G	,		CAD	ritol	H915.					1 YES 2 NO
10e. STREET AND NUMBER			-	- I	101. ZIP CODE				10g. CIT	IZEN OF WHAT COUNTRY?
3304 Brenne	er St				207	43			UNI	ited STATES
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V			If yes	DECENDENT Co., specify Cube	n, Mexice	n, Puerto Rica	Specify Yea an, atc.)	or No—	14. RACE — American Indian, Black, White, atc.
15. DECEDENT'S EDU	CATION	16. DECE	DENT'S HE	SUAL OCCUP	ATION					Black
(Specify only highest grade		(Give	kind of wor o NOT use i	rk done during	most of workin	g	16b. KF	ND OF BUS	INESS/IND	DUSTRY
17. FATHER'S NAME (First, Middle, Last)	150.				1a. MOTH	IER'S NA	ME (First, Midd	dle, Maiden S	Surneme)	-
190. INFORMANT'S NAME (Type/Print)		19b. N	MAILING A	DDRESS (Stre	net and Number	or Burni	Prude Number	City or Found	146	Code)
Althea thom	oson	10	61	15+	. N.E.	W	AShi	19 for	1, D.	C.
20e METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Rem. 4 Donetion 5 Other (Specify)	oval from State	cometery, crema	tory or othe	r place)	(Name of		1/4/6	/20c. LOC	.11	City or Town, State
21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE	- Haum	non		E AND ADDRES	S OF FA	CHITY AS	MAR	NUC	50er, 1110.
Danice 1	Varus	Thu	and	375	10 0	/d	SILVE	er 4	411	Edwards Rd. Md.
23. PART I. Enter the diseases, or of shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Pontin	ae on aach lina.	hage	t enter the	mode or dyl	ng, suci	n as cardiac	or reapir	atory an	Approximeta interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	2	(OR AS A CONSEQUE								
PART II. Other significant condition	a acatellaritan ta	de sale have a second								
Cocaine abuse		death but not rest	uiting in	the underly	ying ceuse g	Iven In	`	e. WAS AN A PERFORM YES 2	MEO?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1) COYES 2 \(\sqrt{1}\) NO
25. WAS CASE REFERRED TO MEDICAL				94	PI ACE OF DO	ATH AT	nek onti a 1			
EXAMINER? 1 X YES 2 NO	HOSPITAL:	ER/Outpettant 2 🗇		THER:	PLACE OF DE			572		
27. MANNER OF DEATH	28e. DATE OF		8b. TIME C		INJURY AT	eldence	8 Other (S)		IURY OC	CURED
1 Natural 5 Pending	(Month, Di		INJUR	Y	WORK?	NO	-ou. DEGON	OL HOW IN	99H7 UUL	JUNED
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At home, etc. (Specify)	, farm, stre				281. LOCATIO	ON (Street en own, Stete)	nd Number	or Rural Route Number,
29a. CERTIFIER 1 CERTIFYING PHYSIC Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of	my knowledge, death	occurred a	at the time, d	iste end place,	end due	to the cause(e	e) end menn	due to th	ed. e ceuse(e) end manner ee stated,
296. SIGNATURE AND TITLE OF CERTIFIER	K)				29c. LICE					E SIGNED (Month, Day, Year)
	X				0.0	. M . I	Ξ.			-29-1991
30. NAME AND ADDRESS OF PERSON WHO	Z	11	II P	ENN S	STREE	Г В	ALTIM	ORE	MAR	YLAND 21201
JAN 21 199	32. REGISTRA	Pavidson-A	andele	2						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flowing after death. Page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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FOR STATE REGISTRAR

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Pages 1.	IREG	10e. STATE	10b. COUNT	Υ			, TOWN OR		
nsit permit.	FUNERAL! DI	Maryland 100. STREET AND NUMBER 3434 Rhode	R	e Georges		Mou	nt Ra	101.	er ZIP CODE 0712
-0020 Jing physician. The burial-transit	ВУ	11. MARITAL STATUS	Married	12. WAS DECEOENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ER IN U.S. ARI ES 2 N R DATES X	MED O	If y	S OECI	ENDENT O
MARYLAND 21215-0020 retained by the hospital or attending physic 5 should be detached for use as the burial notified at once.	COMPLETED	15. OE (Specify or Elementary/Secondary 12	CEDENT'S EDU nly highest grade (0-12)	CATION completed) College (1-4 or 5+)	(Gir life.	ve kind of w Do NOT use	Deco	ring mos	st of workin
f YLAND d by the hospit d be detached d at once.	BE CON	17. FATHER'S NAME (First, N/A	Middle, Last)						16. MOTH
	TO E	19a. INFORMANT'S NAME Alexander		s,Jr.			Box		
ALLIMORE leath. Page 6 may funeral director, pa		20a. METHOD OF DISPOSI 1	on 3 🗆 Rem or (Specify)	1	20b. PLACE A cometery, cren FOTT	natory or oth	1n C	rem	ator
		21. SIGNATURE OF SUMES	X-,	Mos	N		340	01	Blad
cate be executed within 24 mours afficial and completely filled in by a prior to burial, cremation, or remore traumatic event, the medical refundation and remotical and the medical control of the medical control of the medical control of the medical control of the medical control of the medical control of the medical control of the co	CERTIFICATION	Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in limit cause. Enter UNDERLY CAUSE (Disease or in that initiated eventa resulting in death) LAS	tions, ediate ring	a. A DUE TO (OR A	AS A CONSEO	UENCE OF	ery rem	A OU	vice of dyl
requires that the of Health and Me	HYSICIAN: MEDICAL CE	PART II. Other signific	ydiat Frince	ace vent	n but not re		the unde		
PHYSICIAN: The this certificate with the State	PHYSICI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEANH 1 Netural 5	Pending	HOSPITAL: 1 Minpetient 2 ER/C 28a. OATE OF INJUI (Month, Day, Yea	RY		RY	g Home	IRY AT
OR ATTENDING DIRECTOR: After hours after death	TED BY	2 Naccident 3 Suicide 6 Homicide	Could not be determined	28e. PLACE OF INJU building, stc. (S	JRY — At hon Specify)	ne, form, st			ES 2 [
TO THE HISSIAL OR A TO THE FUNERAL DIRECTORY OF FILED WITHIN 72 hours MPORTANT: If item	COMPLETED			CIAN: To the best of my kr					
TO THE HISBIRE TO THE FUNERAL ID BE filed within 72 h	TO BE C	29b. SIGNATURE AND TITLE	ta 1	Vb					29c. LICE
		30. NAME AND ADDRESS O	TA M	O COMPLETEO CAUSE OF	1-60%	27) (Type, 1	rint)	sta	22
		170N 15 195	3211	Javidson S	Hothere	4			

1. OECEDENT'S NAME (First, Mipdle, Last) 3. TIME OF DEATH DATE OF DEATH exander 5. SEX 7. DATE OF BIRTH (Month, Pay, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 0 Columbia ON OF DEATH 9c. COUNTY OF CEATH Prince Georges 10d. INSIDE CITY LIMITS? 1 - YES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? United States OF HISPANIC ORIGIN? (Specify Yea or No — 14. RACE — American Indian, n, Maxican, Puerto Rican, etc.) Columbian Caucasian 16b. KINO OF BUSINESS/INDUSTRY Interior Design IER'S NAME (First, Middle, Maiden Surname) N/A or Rural Route Number, City or Town, State, Zip Code) Round, Potrero CA. 91963 OATE 20c. LOCATION - City or Town, State 1/18 Brentwood, Maryland ensburg Rdrt Lincoln Funeral Home 20722 ng, auch ea cerdiec or reapiratory arrest, Approximata Interval Between Onset and Death Sudden iven in Part I. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a, WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO ATH (Check only one) sidence 6 Other (Specify) 28d. OESCRIBE HOW INJURY OCCURED NO 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) and due to the cause(a) and manner as stated. od at the time, data and place, and due to the cause(a) and menner as stated. NSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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4.0	D. C. P.	permit.	62
BALTIMORE, MARYLAND 21215-0020	IG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Program with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	naried or item 22 chains and initial as other frammely award the medical accommandation and the contract of th
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31. DATE FILED (Month, Day, Year)

JAN 15 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pgint)

Julia Davidson-Randall

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH E. Lippars Kaymond 2/35 8 4 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year)
May 29, 1931 New York 1 M 2 D F 069-22-3993 60 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Sykesville Elder Care Carroll Sykesville 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
LIMITS?
1 YES 2 NO Maryland Carrol1 Sykesville FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7309 Second Avenue 21784 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 22 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 7 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 Widowed XX Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade compl 16b. KIND OF BUSINESS/INQUISTRY Elementary/Secondary (0-12) College (1-4 or 5+) Carpenter Construction 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Michael Lippert Clara Mary Cook 띪 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Diane Lippert P.O. Box 522, Finksburg, Maryland 21048 20s. METHOD OF DISPOSITION
1 □ Burlal 2 □ Cremetion 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, Stata 1/1/92 Brentwood, Maryland Fort Lincoln Crematory 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fort Lincoln Funeral home, Inc. Garon 3401 Bladensburg Road, Brentwood, Md 20722 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Finel chronic Obstantine Palmonery Onset and Death disesse or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):

Coronery Artery CERTIFICATION Sequentisity list conditions, if any, leeding to immediate cause. Enter UNDERLYING OUE TO (OR AS A CONSEQUENCE OF) CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY neumanin 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 © Inpetient 2 ER/Outpetient 3 DOA OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF GEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death IMPORTANT: If Item 28 is ma 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Flural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER
(Check only one)

29 MEDICAL EXAMINER. On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Rolt J. Man MD 29d. DATE SIGNED (Month Day, Year) 71 155

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DHMH-16 Rev 1/89

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BALTIMORE er death. Page ment the funeral directory. val.		20a. METHOD OF DISPOSITION 1\(\) Burle! 2 Cremation 3 Re 4 Donation 5 Other (Specify)	movel from State 20b. PL of come S1
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Deot. of Health and Mental Hydlene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First, Middle, Las		CEN	TIFICATE OF	DEATH	REG. N	0.	
4. SOCIAL SECURITY NUMBER 093-16-3060	WINIFRED	WORTHING B. AGE (in yrs. last birth 94		IF UNDER 24 HRS. HOURS MIN.	2. DATE OF OEATH MONTH DEC. 28. 7. DATE OF BIRTH NOV. 29.		year 3. TIME OF OEATH 10:10 pm a. BIRTHPLACE (State or Fored NEW) YORK, N.
99. FACILITY NAME (If not institution, given RANDOLPH HILLS N		E	96. CITY, TOWN WHEAT	OR LOCATION OF O		9c. COUN	TY OF DEATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COU MARYLAND MONT	NTY CGOMERY	100	CITY, TOWN OR LOCA	ATION			10d. INSIDE CITY
100. STREET AND NUMBER 4011 RANDOLPH RO)AD			or. ZIP CODE 20902			TEH OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAI	EVER IH U.S. ARMED YES 2 A HO R OR OATES	II yes, s	CEHDENT OF HISPA pecify Cuban, Mexico S 2 HO Specif	HIC ORIGIH? (Specify 1 en, Puerto Ricen, etc.) fy:	es or No-	14. RACE — American Indien, Black, White, atc. Specify: WHITE
15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)	(Give kir life. Do N	NT'S USUAL OCCUPATI d of work done during m IOT use retired.)	CE AGENT		ZIGN SI	
17. FATHER'S HAME (First, Middle, Last) PAUL WORTHINGTO	ON			MARY 7	ME (First, Middle, Maide CALBOT		
190. INFORMANT'S NAME (Type/Print) RONALD LANDSMAN	(ATTOR		O MONTGOM				DA, MD 20814
20s. METHOD OF DISPOSITION 1	1	20b. PLACE AND D	MFORT CREE	MATORY	1/15 AI	EX. V	Ily or Town, State
21. SIGNATURE OF FUNERAL SERVICE	Lower	ms			CSTYSONS, I		N.W. C. 20016
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Alshington (o	PLMUL 4	- Deme	ntra			interval Betwoen and D
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	С	R AS A CONSEQUENCE					
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	R AS A CONSEQUENC	CE OF):	g ceuse given in		RMEO?	AVAILABLE PRIOR TO
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significent conditions to the condition of the condition of the condition of the cause of the caus	c	R AS A CONSEQUENCE	ing in the underlyin	g couse given in LACE OF OEATH (Ch	PERFC 1 YES	RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAU DF DEATH?
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If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significent conditions to the condition of the condition of the condition of the condition of the cause of the	DUE TO (O d. HOSPITAL: 1 Inpatient 2 E 28e. OATE OF IH (Month, Day,	R AS A CONSEQUENCE Beth but not result R/Outpetient 3 Do JURY Year) 28b. NJURY — At home, fa	26. PI OTHER: A Hursing Hon Time OF 1840. IN.	LACE OF OEATH (Ch	PERFC 1 YES eck only one) S Other (Specify)	PRMEO? 2 HO IHJURY OCCU	AMAILABLE PRIOR TO COMPLETION OF CAU DF DEATH? 1 YES 2 NO
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1	-	STATE REGISTRAR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)	1				2. DATE OF DEATH DON'TH D	AY YEAR	3. TIME OF DEATN
Jermain (papin	Burke			12 2	1 1991	8:23 P
4. SOCIAL SECURITY NUMBER 212-92-0474	1)XM 2 - F		FUNDER 1 YEAR RONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	?. DATE OF BIRTH (Month, Day, Year)	77 s. Birtt Count	HPLACE (State or Foreign try)
90. FACILITY NAME (If not institution, give Route 18 1 mil Grasonville Ce RESIDENCE OF DECEDENT	e south o	f	Grason		EATN	9c. COUNTY OF	Anne
10e. STATE 10b. COUNT		10c. CITY,	TOWN OR LOCATI	n le			10d, INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER R+. # 3 Box	9			21652	8	10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 NO		Ify Cuben, Mexico	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.) y:	s or No— 14. RAC Blac Spe	CE — American Indian, ck, White, etc.
15. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION is completed) College (1-4 or 5 +)	18e. DECEDENT'S U (Give kind at wo life. Do NOT use	rk done during mos	of working	16b. KIND OF BU	SINESS/INDUSTRY	Joseph Company
17. FATNER'S NAME (First Middle Last)		Stuc	lent	II MOTNER'S NA	PATRE AME (First, Middle) Malden	Ville M.	ddle Schoo
mes Bur	ke SR,	19b. MAILING A	AOORESS (Street en	Bren d Number or Rural	da Anna Route Number, City or Tow	BUR.	ke
AMER BUR	te SR.	R+#3	BOXO	? Que	n. Anne's	Md, E	21658
1 Buriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	BRYANS	erplacay	ADDRESS OF FA	GRE	zson ville	Md.
Dhu A.	2 rince		Por	Box 92	8- Huela	ck. Mi	Services
IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. MULTIP		WILLS				Interval Betwee
Sequentielly list conditiona, if any, leeding to immediate cause. Enter UNDERLYING	b DUE TO (OR A	AS A CONSEQUENCE OF):				·	
CAUSE (Disease or injury that initiated eventa reaulting in deeth) LAST	DUE TO (OR A	AS A CONSEQUENCE OF):	:				
PART II. Other eignificant condition	ne contributing to deat	h but not recuiting in	the underlying	cauee given in	Pert i. 24a. WAS AN PERFOI		b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO
					1 25 YES 2	! □ NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, PL/	CE OF DEATN (Ch	eck only one)		
1 XYES 2 NO	1 Inpatient 2 I ER/C	Outpatient 3 DOA 4	Nursing Home	5 Residence	6 K Other (Specify)	on stre	et
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJUI (Month, Day, Yes	Injui	RY WOF	K?	28d. OEŞCRIBE NOW		k by auto
3 Suicide S Could not be determined	building, etc. (3	JRY - At home, farm, str			281 LOCATION (Street	Rte. 18	Route Number,
	SICIAN: To the best of my kr	nowledge, death occurred		nd place, end due	to the cause(s) end me	nner as stated.	
296, SIGNATURE AND TITLE OF CENTURE		,)		29c. LICENSE NUI			D (Month, Day, Year)
30-NAME AND ADDRESS OF PERSON WI	NO COMPLETED CALLED	DEATH (ITEM OF CO.	bring)	O.C.M	.Е.	12 22	1991
MAKED F GOLD	e JR, WI	2 111 P	enn St	reet.	Baltimore	e Marvl	and 21201
JAN = 9 1	39 Sulla	Davidson-Rand	400				

with hospital or attending physician. The hospital or attending by detached for use as the burial-transit permit. Pages 1, 2, 3 should

LAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23 mounts after death. Page 6 (w) will also be detached to the EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director. One is a single of elacibe be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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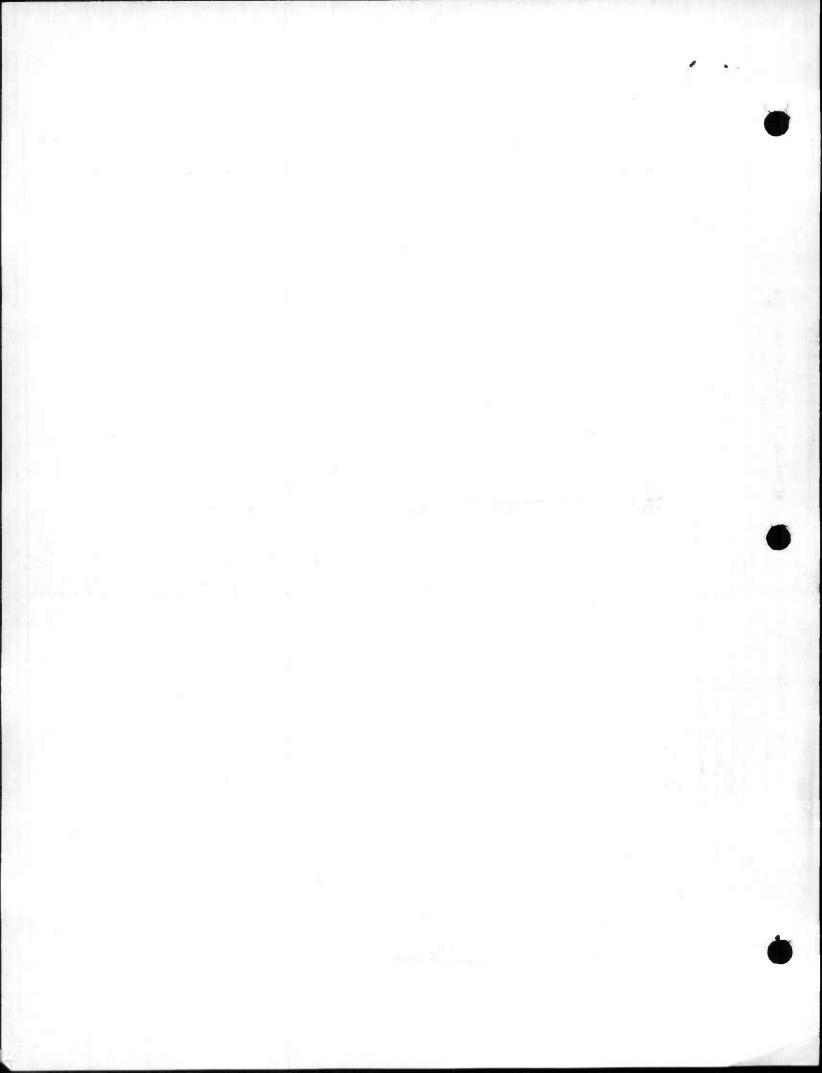
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND	ORE, MARYLAND
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospi	e 6 may be retained by the hosp
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	ector, page 5 should be detached
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 91-37590										
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH									
	Mary Violetta L. Closson					D	2c. 31		1 UNKNOWNM	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)		IF UNDER 24 HR				BIRTHPLACE (State or Foreign	
	213-50-4225	1 M 2 F	9 3 YRS.	MONTHS DAYS	HOURS MIN	Ap	th, Day, Year)	1898	Md.	
	9a. FACILITY NAME (If not institution, give		9b. CITY, TOWN	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
DIRECTOR	Route 2 Box 216 Federalshung Md Carolina									
្ត	RESIDENCE OF DECEDENT									
IE I	Md. Caroline			Federalsburg,			Md.		10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER		10f. ZIP CODE					1 TES 2 NO		
FUNERAL	Route 2 Box 216				21632			10g. CITIZEN OF WHAT COUNTRY?		
N	11. MARITAL STATUS 12 WAS DECEDENT EVED IN U.S. ADME									
	1 Never Married 2 Married	YES 2 NO	If yes, specify Cuban,			Rican, etc.)	10 NO 14	I. RACE — American Indian, Black, White, etc. Specify:		
) BY	3 ₩idowed 4 Divorced						White			
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.) 18b. KIND OF BUSINESS/INDUSTRY									
J.	College (1-4 of 5+)									
COMPLET	17. FATHER'S NAME (First, Middle, Last)	0		Housewi				Housewife		
							ME (First, Middle, Maiden Surname)			
BE					Ma	Mary Lee A nber or Rural Route Number, City or Town, State, Zip.			lams	
5	Beatrice C. M	OPROD								
	20a. METHOD OF DISPOSITION	ELSON	205 BLACE AND DATE	OF DISPOSITION WA	750	おれん	TE 200 LO	re, i	el, 19933	
	1 Donation 5 Other (Specify)	noval from State	20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetery or other place)							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE									
	Williamson Funeral Home									
	Federalsburg, Md. 21632 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
	snock, or neart failure. List only one cause on each line.									
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ACUTE HEART DISERSE ACUTO									
	DUE TO (OR AS A CONSEQUENCE OF):									
Z	Sequentially list conditions To CHRONIC ARTERIOSCLEROSIS CHYONIC									
E	if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.										
B	d									
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying									
								11	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDI							1 TYES 2		OF DEATH?	
ż										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
YS	1 YES 2 NO	1 🗆 Inpetient 2 🗆	ER/Outpatient 3 🗆 DOA	OTHER: 4 Nursing Home	5 🗆 Residenc	a 8 🗆 Oth	er (Specify)			
F	2?, MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF II (Month, Day		IE OF 28c. INJI		28d. DE	SCRIBE HOW IN	JURY OCCUP	NED	
B	2 Accident Investigation 3 Suicide 8 Could not be determined determined				ES 2 NO					
				atreet, factory, office		LOCATION (Street and Number or Rural Route Number, City or Town, State)				
4	An Approximation of the Control of t									
COMPLETED	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and menner as stated.									
8	MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
BE	296 SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Martin, De)							GNED (Month, Day, Year)		
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type 19/17) C. E. JENSEN M.D. Rt. 1, Box 118, DENTON M.D. 21629									5/92	
									1629	
-	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE									
	IAN 27 '92		S SIGNATURE							



BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be intensified in the funeral director, page 5 the TO THE FUNERAL DIRECTOR. After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 26 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified.

	le, Last)									E OF DEATH		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	Jame	es J	ason		DAVIS	_			MON 12		4 1	991"	5:12P
NEWBORN		X M 2 D F	6. AGE (In)	yrs. lest birthday, YRS.	MONTHS	DAYS 7	HOURS	24 HRS. MIN.	7. DATI	e of BIRTH th, Day, Year)		8. BIRT Coun	HPLACE (State or Foreitry)
90. FACILITY NAME (If not institution	on, give street	t and number)			9b. CITY	TOWN (OR LOCATI	ON OF DE	EATH	1770/		JNTY OF	DEATH
1058 Argyle	Ave.		JIEA .		Ba	alti	more						
10e. STATE 10b.	COUNTY			10c. CI	TY, TOWN O	R LOCA	TION						10d. INSIDE CITY LIMITS?
MARYLAND 100. STREET AND NUMBER	N/	4		B/	LTIM		f. ZIP CODI						1 YES 2 N
1058 ARGYLE A	VENUE	APT 2	М			10	i. ZiP CODI				10g. CIT	IZEN OF	WHAT COUNTRY?
11. MARITAL STATUS	12	2. WAS DECEDEN	T EVER IN U.	S. ARMED	13.	MAS DEC	ENDENT C	F HISPAN	VIC ORIG	IN? (Specify Rican, etc.)	Yee or No-	14. RAC	CE — American Indien, ck, White, etc.
1 Never Merried 2 Marrie 3 Widowed 4 Divorced	a	IF YES, GIVE V				YES	2 NO	Specify	r, Pulific y:	riican, etc.)		Spec	offy: D
15. DECEDENT (Specify only highe	T'S EDUCAT	ION	16	Sa. DECEDENT'S	J B USUAL OC	CUPATR	ON		16	b. KIND OF I	BUSINESS/IN	DUSTRY	BLACK
Elementary/Secondary (0-12)	1	College (1-4 or 5	+)	(Give kind of life. Do NOT (work done o	during mo	est of working	g			122.047.127.04		
7 5471500 11445													
17. FATHER'S NAME (First, Middle, L	Lnat)						A		D	Middle, Maid	len Sumame)		
19e. INFORMANT'S NAME (Type/Pris	int)			19b. MAILIN	G ADDRESS	(Street a	ANG		UAV		own, State, Zij	n Codel	
ANGELA DAVIS				1058	APG	VI E	AVEN		BALT)	p Code)	
20e. METHOD OF DISPOSITION		a		ACE AND DATE		TION (Na			DAL		LOCATION -	City or To	own, State
4 II Dopution 5 I Other (Specif		STATE	cemete	ery, crematory or	other place)								
21 SIGNATURE OF UNERAL SERV	VIGE LICENS		1.1	-	1 00 .	MAME A	ND ADDRES	20.05.54					
10011/11	1/1/2	KONAL	D WAI	DE, DIE						STATE	ANAT	YMO	BOARD
23. VART I. Enter the disease	es, or com	plicetions the	2/14	4/92 he deeth. Do	65	5 W	. BAL	TIMO	DRE :	ST, B	ALTO, N	1D 2	1201
23. JART I. Enter the disease shock, or heart for IMMEDIATE CAUSE (Final	es, or comeliure. List	plicetions the	2/14	4/92 he deeth. Do	65	5 W	. BAL	TIMO	DRE :	ST, B	ALTO, N	1D 2	Approximate Interval Bets
23. JART I. Ental the disease about, or heart for IMMEDIATE CAUSE (Final disease or condition resulting in death)	ellure. List	plicetions the	2/1/ t coused thee on each	4/92 he deeth. Do h line.	65	5 W the mo	BAL	TIMO	DRE :	ST, B	ALTO, N	1D 2	1201 Approximate
IMMEDIATE CAUSE (Final disease or condition	ellure. List	nplicetions that tonly one ceu	2/14 t coused the on each	4/92 he deeth. Do h line.	65 not enter	5 W the mo	BAL	TIMO	DRE :	ST, B	ALTO, N	1D 2	Approximate Interval Bets
IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions,	ellure. List	NO anat	2/1/ t coused the on each tomic (or as a co	4/92 The deeth. Do In line. Cause DINSEQUENCE OF	65 not enter of de	5 W the mo	BAL	TIMO	DRE :	ST, B	ALTO, N	1D 2	Approximate Interval Bets
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1 - FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

	Carylee	Α.	натт						12	28	3 199		6:54 PM
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yes	s. last birthday)	IF UNDER		IF UNDER 24			DE BIRTH Day, Year)	8.	BIRTHPLA Country)	CE (State or Foreign
	214-42-9121	1 M 2 F	7	9 YRS.	MONTHS	DAYS	HOURS	MIN.		9/1912	2 M	arvla	nd
	90. FACILITY NAME (If not institution,	give street and number)			9b. CITY	TOWN C	OR LOCATION	OF OEA		,	9c. COUNTY		
#	250 Hickory Po	aint Poad			Dog	omole	e Cit	. 17			More	aoat c	
TE.	RESIDENCE OF DECEDEN	IT ROAG			POC	OIIION	e CIL	<u>.y</u>			WOL	ceste	
E/1	10a. STATE 10b. C	OUNTY		10c. C/1	ry, TOWN O	R LOCAT	TION					100	I. INSIDE CITY LIMITS?
ä	Maryland Wo	orcester		Poc	omok	e Ci	ty					1 [YES 2 NO
A	10e. STREET AND NUMBER					101	. ZIP CODE				10g. CITIZE	OF WHAT	COUNTRY?
8	250 Hickory Po	oint Road				2	21851				U	SA	
FUNER	11. MARITAL STATUS	12. WAS DECEDE								? (Specify Yee	or No — 14		American Indian,
1000	1 Never Merried 2 Merried		WAR OR DATES				ecify Cuben,		Puerto F	lican, atc.)		Black, WI Specify:	mie, etc.
B	3 Wildowed 4 Divorced												white
8	15. DECEDENT' (Specify only highes	S EDUCATION	160	. DECEDENT'S	USUAL O	CUPATIO	ON ost of working		16b.	KIND OF BU	SINESS/INDUS	TRY	
14	Elementery/Secondary (0-12)	College (1-4 or 5	i +)	life. Do NOT u	ise retired.)	Juning Inc	out or working						
OMPL	11		F1	oor Sa	nder	& F	lousew	vife					
COMPL	17. FATHER'S NAME (First, Middle, La	est)					T		E (First, A	fiddle, Maiden	Sumeme)		
ш	Thomas Addisor	1					Eliz	zabet	th S	usan S	Stant		
m	19a. INFORMANT'S NAME (Type/Print			19b. MAILING	G ADDRESS	Street a					n, State, Zip Co	ode)	
2	Avalon Hall			250 1	licko	rv E	Point	Rd.	. Po	comoke	e, Md.	218	351
	200. METHOD OF DISPOSITION		20b. PL	ACE OF OISPO					7 10		CATION — CIT		
	1 Donellon 5 Other (Specify		oth	er place)						117.	llwood	174 2	cainia
	21. SIGNATURE OF FUNERAL SERV			ton Ce			ND ADDRESS	S OF FACI	ILITY	I Ha	LIWOOO	VII	OTUTA
	0 10	2 1 0			М	elso	n Fun	nera:	1 Ho	me			
	Swits	. Melsa	1								tv. Md	. 21	851
	23. PART I. Entar tha diseese												Approximata
	shock, or heart fe	llure. List only one co	ouse on each	line.									Interval Between Onset and Death
	disease or condition	Motes	tota	Rue	2 not	Ca	m						4100
	resulting in daeth)	DUE T	O (OR AS A CO				n		-				1413
_													1
Ó	Sequentielly liet conditions,	b	O (OR AS A CO	NSEQUENCE C	OF):								
AT	If sny, leeding to immediate cause. Enter UNDERLYING												
표	CAUSE (Disease or Injury that Initiated events	DUE T	O (OR AS A CO	NSEQUENCE C	OF):								
CERTIFICATION	resulting in daeth) LAST												
CE		-											<u> </u>
AL	PART II. Other significant cor	ditione contributing t	to daeth but r	not reaulting	in the ur	ndariyin	ig cauea gi	iven in F	Part i.	24a. WAS AN PERFO		AW	RE AUTOPSY FINDINGS AILABLE PRIOR TO
DICAL									_	1 YES	NO		MPLETION OF CAUSE DEATH?
ME									_			1 (YES 2 NO
AN	25. WAS CASE REFERRED TO MEDI	CAL				26. P	LACE OF DE	ATH (Che	ck only or	(6)			
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpatie	nt 3 🗆 DOA	OTHE	R: sing Hon	no 5/ 100	Idence I	□ Othe	r (Specify)			
PHYSIC	27. MANNER OF OEATH	28e. DATE (OF INJURY	26b. Til	ME OF	28c. IN	JURY AT				INJURY OCCU	RED	
	1 Netural 5 Pendin	9	Day, Year)		JURY M		ORK?	NO					
В	2 Accident Investig		OF INJURY —	At home, farm.	street, fac				281, 1.00	ATION (Street	end Number or	Rural Bout	n Number
ED	3 Suicide 8 Could 6	not be buildin	g, etc. (Specify)			,, 5				or Town, State			
E	200 CERTIFIED											_	
#PL	Crieck orny	PHYSICIAN: To the best											
COMPLET	2 MEOICAL EX	(AMINER: On the beale of	examination en	d/or investigat	ion, in my	opinion, e	death occure	d at the t	ime, date	end place, e	nd due to the	cause(e) en	nd manner as stated.
ш	296. SIGNATURE AND TITUE OF CE	erprient 14					29c. LICEN				29d. DATE		orith, Day, Year)
0	AHU	V W					02	162	78		1 /-	13-	92
TO BE COM	30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CA	USE OF OFATH	(ITEM 27) /T/n	ne Print)								
-	30. NAME AND ADDRESS OF PERS	OII IIIIO OOMI EE1EO G		(m 21) 11)p	-0,								

Dr. David Cowall - 145 E. Carroll St., Salisbury, Maryland 21801

3ª REGISTRAR'S SIGNATURE Juna Davidson-Randala

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 97-37592

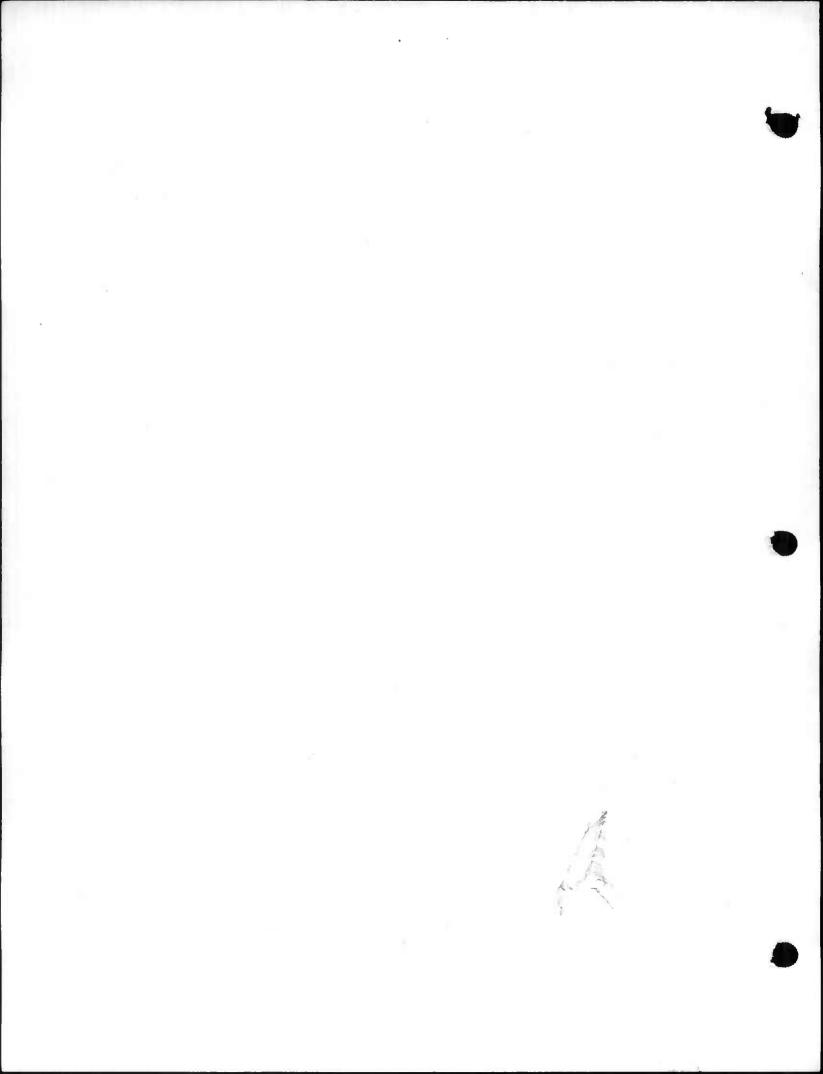
2. DATE OF DEATH MONTH DAY

Received Worcester County Health Dept.

BALTIMORE, MARYLAND 21203-3146 frer death. Page 6 may be manned by the flooring or attending physicien.

V .		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC				YGIENE 9/	31593
		1. DECEDENT'S NAME (First, Middle, Lest) FRONCES	Catherine	Leathe	Rbek	RY	2. DATE OF O		YEAR 3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 213-22-7218	5. SEX 6. AGE (F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E	BIRTH	B. BIRTHPLACE (State or Foreign Country)
2. 3 should	OR	94. FACILITY NAME (If not institution, give st 9438 Ganne	on Rd,	91	East	PR LOCATION OF OE	ATH	9c. COUNT	V OF CEATH
t. Pages 1.	DIRECTOR	10a. STATE 10b. COUNTY	bot	-	STON	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
rest perm	FUNERAL	100. STREET AND NUMBER 9438 Ganno	Rd.		101	2160/		10g. CITIZE	EN OF WHAT COUNTRY?
ing physician The burtal-tra	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	If yes, spi	ENDENT OF HISPAN ecity Cuban, Mexica 2 NO Specify	n, Puerto Ricar		I4. RACE — American Indian, Black, White, etc. Specify:
1	COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)		Me. Do NOT use n	k done during mo:	ON st of working		anner	ACC
	E COM	17. FATHER'S NAME (First, Middle, Last)	eld / mithe	Rhepey		18. MOTHER'S NA	ME (First, Midd	le, Maiden Sumame)	
s 5 shoules motified	TO BE	19a. INFORMANT'S NAME (Type/Print)	herberry	196. MARLING AT	DDRESS (Street of	.) /	Route Number S	City or Town, State, Zip C	dova, Md. 21601
e 6 may be rector, page must be		20a, METHOD OF DISPOSITION 1 Serial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place)	pel Ce	metery, cremetory or	,	20c. LOCATION - C Eastor	ity or Town, State
ter death. Page to me the funeral dinete. wal.		21. SIGNATURE OF FUNERAL SERVICE ME	MIND ER		P. A. E	NO ADDRESS OF FA	CILITY DE	nnie Sm lock, MJ	HA SCRVICES
wecuted within 24-76urs after and completely filled in by the burial, cremation, or removal natic event, the medical	NO	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	a. CARD; A DUE TO (OR AS A	ech Ilna.	EST	de of dying, suc	n es cardiac	or respiratory arre	Approximate Interval Between Onset and Death
h certificate be ending physician Hygiene prior to other traun	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intitlated events resulting in death) LAST	c	A CONSEQUENCE OF):					
equires that the densigned by the of Health and Methows any Injur	MEDICAL	PART II. Other significant condition	RCINOM	-		-	- 1	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
N: The law requirement of State Dept. of Item 23 sho	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C)	eck only one)		
rSiCIAN: Th s certificate th the State d, or item	HYS	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp 28s. DATE OF INJURY (Month, Day, Year)		☐ Nursing Hon	Nesidence		Decity) BE HOW INJURY OCC	URED
NDING R: After or death	ВУ	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, str	M 1 🗆	YES 2 NO		ON (Street and Number (own, State)	or Rural Route Number,
TAL OR ATTE TAL DIRECTO 72 hours afte	COMPLETED	29a. CERTIFIER (Check only	ICIAN: To the best of my know						
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 IMPORTANT: It	BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE		n and/or investigation,	in my opinion, o	29c. LICENSE NU	MBER		SIGNED (Month, Day, Year)
D D S S S S S S S S S S S S S S S S S S	TO E	30. NAME AND ADDRESS OF PERSON WE	O COMPLETEO CAUSE OF DE			000			19193
0		31. OATE FILEO (Month, Day, Year) JAN - 9 1992	32 MEGISTRAD'S SIGN		E. DOI	VER.	ASTO	M, MD:	21601.
		JAN - 9 1992	Gicha Davidse	n-Handard					

DHMH-18 Rev 1/89

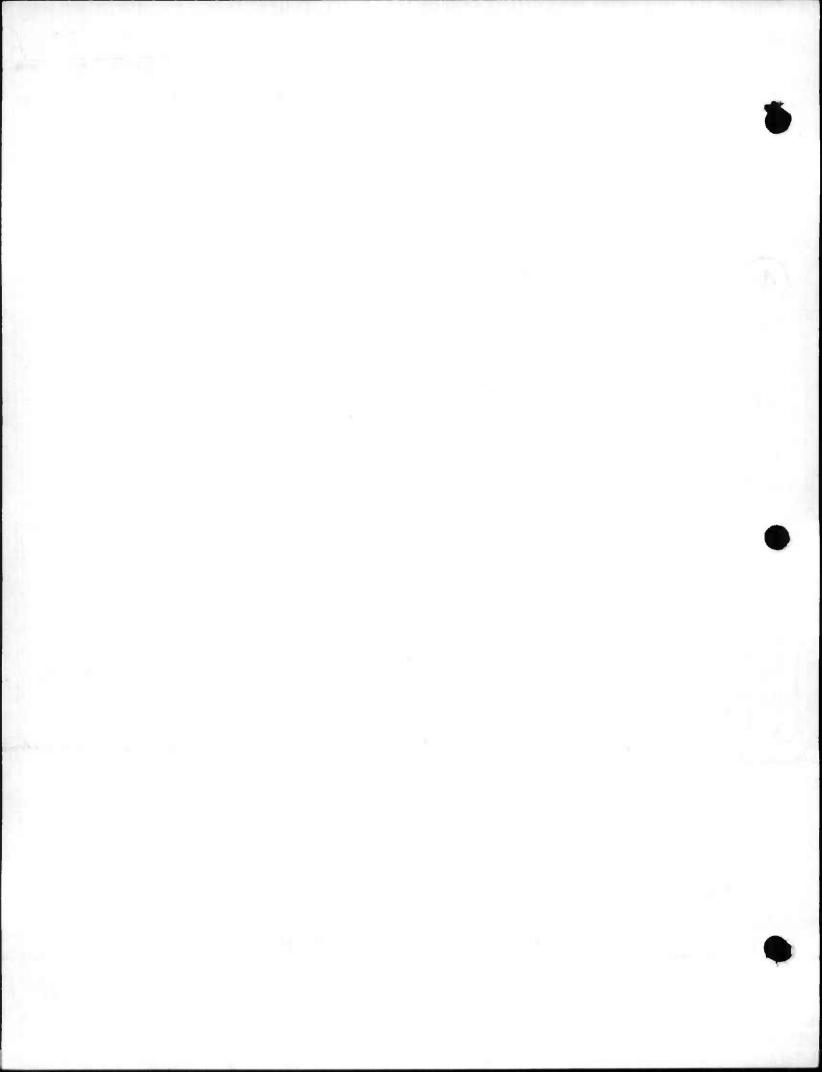


BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or immuning process.	by the funeral director, page 5 should be detached for use as the build-traver permit. Pages 1, 2, 3 should moval.	ical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or annualing on the manualing or annualing or annual to the manualing or annual to the manual to the manualing or annual to the manual tof	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the broat part part of pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMBI ETER BY BUYSICIAN, MEDION SERVICES

FOR 1 - STATE

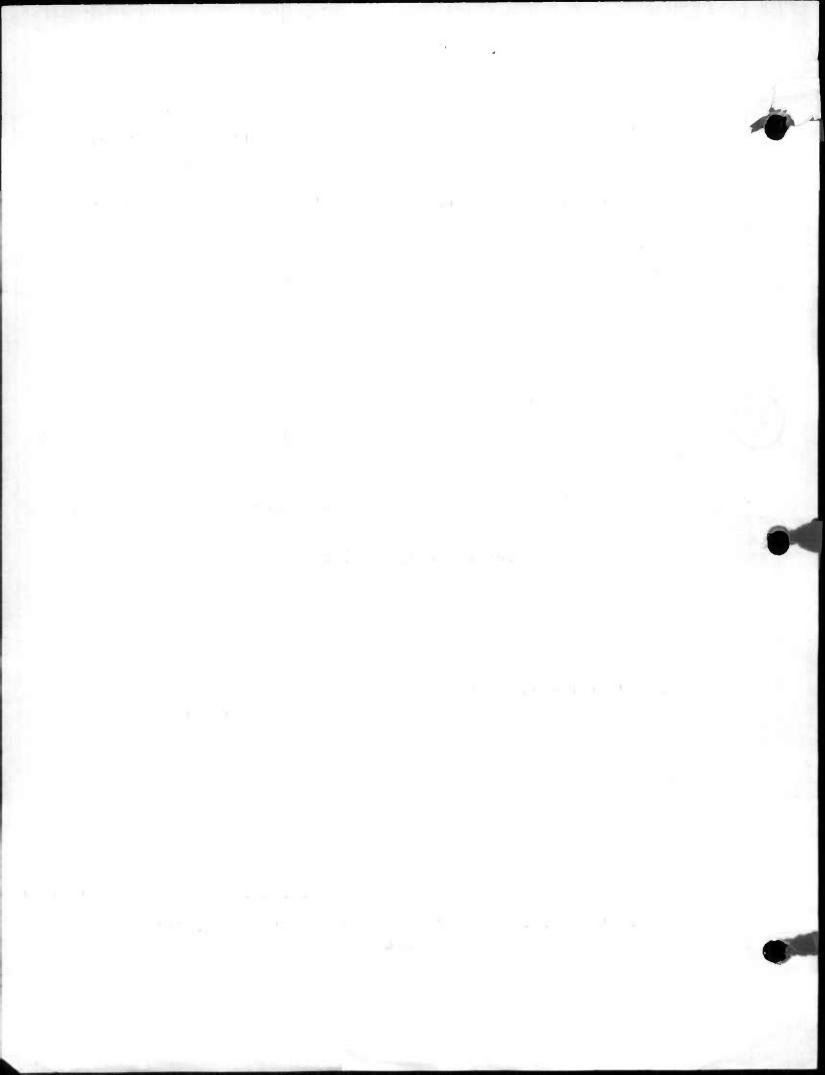
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Las					REG. N		
VINCE	CUMMIN	22			2. DATE OF DEATH MONTH	DAY YE	
4. SOCIAL SECURITY NUMBER	5. SEX 6.	. AGE (In yrs. lest birthda) YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)	0	NRTHPLACE (State or Forei country)
		*****			52191		ALTIMORE !
9a. FACILITY NAME (If not Institution, giv				YN OR LOCATION OF		9c. COUNTY	
ST. AGNES	110 6 1 1 1	AL	BALT	IMORE	MD.		USA
RESIDENCE OF DECEDENT 10e. STATE 10b. COU							
IOB. COO	NI I	10c. C	CITY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
Md.			Baltimor	e			1 YES 2 N
10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
4924 Leeds	Ave.			21227			
11. MARITAL STATUS	12. WAS DECEDENT E	YES 27 NO			ANIC ORIGIN? (Specify	Yea or No- 14, I	RACE — American Indian, Black, Whita, etc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR			YES 2 NO Spec	can, Puerto Rican, etc.) city:		Specify:
15. DECEDENT'S E	DUCATION	16a. DECEDENT	T'S USUAL OCCUP	ATION	16b, KIND OF E	USINESS/INDUSTI	RY
(Specify only highest gra Elementary/Secondary (0-12)	ade completed) College (1-4 or 5 +)	(Give kind of life. Do NOT	of work done during use retired.)	most of working			
Living Joseph Jan (1-12)	College (I-4 di 5 1)						
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	IAME (First, Middle, Meid	en Surnama)	
Jeffrey Wa	yne Cummin	as		Tammy			
19a. INFORMANT'S NAME (Type/Print)	4 - 10 Ounanilli	-	NG ADDRESS /O-				-1
Comme (ypar ma)		190. MAILI	NG ADDRESS (SIN	ra enu number or Hum	I Route Number, City or 1	own, state, Zip Code	0)
20a, METHOD OF DISPOSITION 1 Surlet 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	20b. PLACE AND DAT cemelery, cremelory of		I (Name of	DATE 20c.	LOCATION — City of	or Town, State
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22, NAM	E AND ADDRESS OF F	FACILITY		
•							
	BUILT TO 101	D AS A CONCEQUENCE	AD.				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that letted exercises.	C	R AS A CONSEQUENCE AS A CONSEQUENCE R AS A CONSEQUENCE		lure			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	C			line			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	R AS A CONSEQUENCE	OF):				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (OI	R AS A CONSEQUENCE	OF):	ving cause given i	n Part I. 24a. WAS / PERF	NN AUTOPSY ORMED? 2 \(\text{NO} \)	AVAILABLE PRIOR TO COMPLETION OF CAU DF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are by windered	c. DUE TO (OI	R AS A CONSEQUENCE	or): g in the underly and ex	ying couse given in Diemi Ne	PERF 1 [] YES	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAU DF DEATH?
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificant conditions of the condition	DUE TO (OI d. lons contributing to de Siral HOSPITAL: 1 Minpetient 2 = E 28a. DATE OF IN. (Month, Dey. 28a. PLACE OF II building, etc.	R AS A CONSEQUENCE Seth but not requiting S Could be a consequence R/Outpatient 3 DOA JURY 28b. T NJURY — At home, larm L (Specify) y knowledge, daeth occur	OF): g in the underly and ex OTHER: 4 Nursing is IME OF NJURY M 1 n, street, factory, coursed at the time, co	PLACE OF DEATH (Colore 5 Residence INJURY AT WORK? YES 2 NO	PERF 1 VES Check only one) 8 Other (Specify) 28d, DESCRIBE HOW 28t, LOCATION (Siner City or Town, Ste	ORMED? 2 NO VINJURY OCCURE and Number or Rule)	AMAILABLE PRIOR TO COMPLETION OF CAL DF DEATH? 1 YES 2 NO D Limit Route Number,
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide a Could not be detarmined. 296. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.	DUE TO (OI d. lone contributing to de Sirage Contributing to de Sirage Contributing to de Sirage Contributing to de 28a. DATE OF IN. (Morth, Dey. 28a. PLACE OF III building, etc	R AS A CONSEQUENCE seth but not resulting S Could be a consequence of the country of the countr	OF): g in the underly and ex OTHER: 4 Nursing is IME OF NJURY M 1 In, street, factory, commend at the time, desired in the time	PLACE OF DEATH (Colore 5 Residence INJURY AT WORK? YES 2 NO	PERF 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE HOV 28t. LOCATION (Streen City or Town, Steel City or Town, Steel City or Town, Steel City of Town, Ste	ORMED? 2 NO NO NO NO NO NO NO NO NO NO	ANAILABLE PRIOR TO COMPLETION OF CAU DF DEATH? 1 YES 2 NO



the hospital or attending physician.	strend a detached for use as the burial-transit permit. Pages 1, 2, 3 should	offfied at once.
s after death. Page 6	by the funeral directer emoval.	fical examiner must b
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 in the prospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neutrined at once.

	1 - STATE STATE 0	F MARYLAND / DEP/ CERTI	ARTMENT OF H	EALTH AND	MENTAL HYGIEN	W. 1	37595
	1. DECEDENT'S NAME (First, Middle, Last) KEVIN				2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH
			MAJOR		12 8	91	12:00 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 214-71-5719 18 M 2 1	6. AGE (In yrs. lest birthde	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign ntry)
	9e. FACILITY NAME (If not institution, give street end number,	F 33 YRS			4-6-5		MD.
œ				A LOCATION OF DE	EATH	9c. COUNTY OF	
CTO	DORCHESTER GENERAL	HOSPITAL	CAMBE	CIDGE		DORCE	HESTER
DIRECTOR	100. STATE DORCHES	1	am bri	dge			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10 Patamoke	Way	101.	21613	,	10g. CITIZEN OF	WHAT COUNTRY?
2		DENT EVER IN U.S. ARMED	13. WAS DECI	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes		CE — American Indian,
ВУ	1 Never Merried 2 Merried FORCES? 3 Widowed 4 Divorced FORCES?	E WAR OR DATES	1 TES		n, Puerto Ricen, etc.)		ock, White, etc.
	15. DECEDENT'S EDUCATION	180 DECEDENT	T'S USUAL OCCUPATIO				Black
E	(Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 o	(Give kind	of work done during mos	st of working	166, KIND OF BUS	SINESS/INDUSTRY	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	CORR	ection o	Officer	e MD. S		ritentiary
BE CC	Leroy Smith			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	/
0	19e. INFORMANT'S NAME (Type/Print)	19b. MAILI	NG ADDRESS (Street ar	nd Number or Rural F	Poute Number, City or Town	n. State, Zip Code)	1.1
	20a. METHOD OF DISPOSITION	10 f	O to MAR	te Way	(amba	idge, 1	10. 21613
	1 Buriel 2 Cremetion 3 Removal from State 4 Donellon 5 Other (Specify)	cemetery, crematory, q		ne of an I	12/13/0. DATE 20c. LO	CATION - City or	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	DCI		D ADDRESS OF FA	CILITY 2000	nhRidge E Smi	th Services
)		7.7	2 .0-	5-11-01	· (M	5.4.13
	23. PART I. Enter the diseases, Dr complications	that caused the death. Do	not anter the mod	a of dving, auci	h as cardiac or resol	ratory arrest	Approximate
	iMMEDIATE CAUSE (Final disease or condition	cause on each lina.				,,	Intarval Batween Onset and Death
	resulting in death) a. Chro	nic Renal		re			
z							j
CERTIFICATION	il elly, leading to immediata	TO (OR AS A CONSEQUENCE	OF):				
S	cause. Entar UNDERLYING CAUSE (Disease or Injury						
	that initiated eventa PUE resulting in death) LAST	TO (OR AS A CONSEQUENCE	OF):				
9	d						
甘	PART ii. Other aignificant conditions contributing	to death but not resulting	g in the underlying	cause given in			b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDIC	Human Immunodeficie	ncy Virus			1 TES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
W.							1 YES 2 NO
ä					- INQUI	RY	
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28. PL/	ACE OF DEATH (Che	ick only one)		
YS	1 YES 2 NO 1 Inpatient	2 X ER/Outpatient 3 DOA	4 - Nursing Home	5 🗆 Reeldence	6 Other (Specify)		
	27. MANNER OF DEATH 28e. DATE (Month 1 Natural 5 Pending		IME OF 28c. INJU	IK?	28d. DESCRIBE HOW II	JURY OCCURED	
B	2 Accident investigation	E OF IN HOW		ES 2 NO			
E	3 Suicide 8 Could not be determined	E OF INJURY — Al home, lerming, etc. (Specify)	i, street, tectory, office		28f. LOCATION (Street & City or Town, State)	nd Number or Rural	Route Number,
9	290. CERTIFIER						
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best one) 2 MEDICAL EXAMINER: On the basis of the basis o	or my knowledge, death occur dexamination end/or investica	rred at the lime, date of tion, in my pointon de	and place, and due	time data and place are	ner ee stated,	(a) and manner
	295. SIGNATURE AND TITLE OF CENTREER						
BE	10000			29c. LICENSE NUM			D (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED O	AUSE OF DEATH (ITEM 27) (To	pe, Print)	O.C.M.	E.	DECEM	BER 11,199
	ANN M. DIXON M.D.			BAI.TIM	ORE, MD.	21201	
		RAR'S SIGNATURE	M.	~	ORD PHD .	-1401	



	1. DECEDENT	'S NAME (First,	Middle, Last)	0c 2-27- per MEO STATE OF I		CERT	FICATE (OF DEATH	2. DA	TE OF DEATH	91		759
		DAI	NIEL	В.	NI	XON				2 - 2 -	1001	YEAR	12.06
	4. SOCIAL S	ECURITY NUMBE	ER	5. SEX		In yrs. last birthd	MONTHS D			TE OF BIRTH	8	Gountar)	ACE (State or Fore
	9e. FACILITY	NAME (If not ins	titution, give s	street end number)	_)/ THE		WN OR LOCATION		-18-195		Y OF DEAT	
S S				D PARK				DERICK		YLAND		ERIC	
DIRECTOR	RESIDEN 10a. STATE	CE OF DEC	EDENT 10b, COUNT			100	CITY, TOWN OR L				LIKED		
DIA	VIRGI	NIA				100.	ASHBU						d. INSIDE CITY LIMITS? YES 2 N
₹ N		AND NUMBER					ASIIDU	101. ZIP CODE			10g. CITIZE		T COUNTRY?
FUNERAL	4370	6_Sto	NE BR	IDGE DRIV								.S.A	
	11. MARITAL 1 Never N	STATUS erried 2	Merried	12. WAS DECEDEN FORCES? 1	YES	2 NO	If ye	DECENDENT OF I	fexican, Puert	GIN? (Specify Yes to Rican, etc.)	or No- 1	4. RACE — Black, W	American Indiar
ВУ	3 Widowe	d 4 \(\int\)(Divorc	ced	IF YES, GIVE V	MAR OR DI	ATES	1 -	YES 2 NO	Specify:			Specify:	WHITE
TEC		(Specify only		CATION completed)		(Give kind	of work done durin	PATION g most of working	1	66. KIND OF BUS	SINESS/INDUS		
COMPLETED	Elementar	y/Secondery (0-1	12)	College (1-4 or 5	+)		use retired.)						
OM	17. FATHER'S	NAME (First, Mid	idle, Last)			Une	mployed	10, MOTHER	'S NAME (Firs	t, Middle, Maiden	Surneme)		
BE		Nixon							la Cou				
10		NT'S NAME (TYR IAEL NI		Bro		19b. MAIL	NG ADDRESS (St	eet and Number or			n, State, Zip C	ode)	
		OF DISPOSITION		DRU		21.05.012.20							
	1 Donetto	Cremetion 5 C Other (5	3 Rem	oval from State		etery, crematory	r other place) Cemete:		2+24		CATION — CI		
	21. SIGNATUR	E OF FUNERAL	SERVICE LI	ENSEE AL		TACELO				- 71 Gat	tonsvi	lle,	MD.
		1	OLIVIOL EIG		- 1.1.	D	22. NAM	E AND ADDRESS				-	
	19	sall.	1//		D WA	DE, DIA	2		S	TATE AN	NATOMY	BOAL	RD
_	23. PART I.	Entar the dis	deeses, or o	RONAL complications that	t caused	-2/7/92 the death, D	655	M Rai-	S	CT DA	1 TO M	D 212	Approxima
		CAUSE (Fina	ieeses, or cart fallura.	RONAL complications tha List only one cau GUN a.	t caused ise on ea	2/7/97 the death, D	655 o not enter the	W BAL-	S	CT DA	1 TO M	D 212	Approxima intervel Be Onset and
ERTIFICATION	iMMEDIATE disease or resulting in Sequantiell if any, leed ceuse. Enti- CAUSE (Die that initiate	CAUSE (Fina condition death) y list conditioning to immediate UNDERLYIN	beeses, or cart failura.	RONAL complicatione tha List only one cau a. GUN DUE TO	SHOT (OR AS A	2/7/92 the death. Deach line.	of):	W BAL-	S	CT DA	1 TO M	D 212	Approxima intervel Be
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CE	iMMEDIATE disease or resulting in Sequentiell If any, leed ceuse. Ente CAUSE (Die that initiate resulting in	CAUSE (Fina condition death) y list condition ing to immadi or UNDERLYIN ease or injury d events deeth) LAST	pona, late	RONAL Complications that List only one cau B. DUE TO DUE TO DUE TO	SHOT (OR AS A	the death, Dich line. WOUNI CONSEQUENCE CONSEQUENCE	OF):	M BAL- mode of dying	STIMORE, such ee ca	ST BA rediac or respir	autopsy MED?	24b. WE AM	Approximal Intervel Ba Onset and Onset and Intervel Ba Onset and I
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MEDICAL CE	IMMEDIATE disease or resulting in Sequential If any, lead cause. Ente CAUSE (Die that initiate resulting in PART II. Ot	CAUSE (Fina condition death) y list condition ing to immadi in UNDERLYIN ease or Injury d events death) LAST	peeses, or cart failura.	RONAL Complications that List only one cau B. DUE TO DUE TO DUE TO	SHOT (OR AS A	the death, Dich line. WOUNI CONSEQUENCE CONSEQUENCE	orp: OF):	M BAL- mode of dying	STIMORE, such ee ca	ST. BA rdiac or respir	autopsy MED?	24b. WE AM CO	Approxima intervel Be Onset and Onset and Intervel Be Onset and In
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MEDICAL CE	IMMEDIATE disease or resulting in Sequential If any, leed ceuse. Enter CAUSE (bit that initiate resulting in PART II. Ot	CAUSE (Fina Condition death) y list condition death) y list condition death) y list condition death) y list condition death y list condition death) public death Assume alignifican REFERRED TO 17 2 NO F DEATH	pona, late condition	RONAL Complicatione that List only one cau B. DUE TO DUE TO	COR AS A (OR AS A deeth but	the death, Dach line. WOUNI CONSEQUENCE CONSEQUENCE ut not recultin when 3 □ DOA	OF): OF): OF): OF): OF): OTHER: 4 Nursing	ying ceuee give	such ee ca	24a. WAS AN / PERFORI	AUTOPSY MED?	24b. WE AM COOP	Approximation of control of contr
CE	IMMEDIATE disease or resulting in Sequential If any, leed couse. Enter CAUSE (District in Interest Int	CAUSE (Fina Condition death) y list condition death) y list condition death) y list condition death) y list condition death) y list condition death) y list condition death) y list condition death) y list condition death) AST REFERRED TO TO TO TO TO TO TO TO TO TO TO TO TO	pona, late condition	DUE TO DUE TO	COR AS A (OR AS A deeth but ER/Output INJURY By Year) 1 2 /	the death, Dach line. WOUNI CONSEQUENCE CONSEQUENCE Ut not recultin stlent 3 DOA	OF): OF):	ying cause give	I MORE, such ee ca	24a. WAS AN / PERFORI 1 YES 2	AUTOPSY MED?	24b. WE AM COOP	Approxima intervel Be Onset and Onse
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BY PHYSICIAN: MEDICAL CE	IMMEDIATE disease or resulting in Sequentiell If any, leed ceuse. Ente CAUSE (Different interesting in PART II. Ot 25. WAS CASE EXAMINE VAYER (2 Acid 2 Suicid 4 Momits 29e. CERTIFIE	CAUSE (Fina Condition death) y list condition death) y list condition death) y list condition death) y list condition death) y list condition death) y list condition death) y list condition death) p list condition death) REFERRED TO REFE	pona, late late condition MEDICAL ending westigation outd not be stermined	RONAL complicatione tha List only one cau B. DUE TO DUE TO DUE TO DUE TO DUE TO A. DUE TO A. DUE TO DUE TO DUE TO DUE TO A. DUE TO DUE TO	(OR AS A (OR AS A (OR AS A deeth be INJURY (OR AS A) (OR AS A)	the death, Dach line. WOUNI CONSEQUENCE CONSEQUENCE CONSEQUENCE ut not recultin attent 3 DOA 28b. 1 At home, lem DDED A	OF): OF):	ying ceuee give	I I MORE, such ee ca	24a. WAS AN / PERFORI 1 YES 2	AUTOPSY MED? NO WOO JURY OCCUP Shot Fred A	24b. WE AMOOF 1 CO OF RED him Aural Route 1 CO OF 1 CO	Approximatintervel Be Onset and Onse
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COMPLETED BY PHYSICIAN: MEDICAL CE	IMMEDIATE disease or resulting in Sequential if any, leed ceuse. Ente CAUSE (bit that initiate resulting in PART II. Ot	CAUSE (Fina Condition death) y list condition death) y list condition death) y list condition death) y list condition death) y list condition death) y list condition death) y list condition death) REFERRED TO TO TO TO TO TO TO TO TO TO TO TO TO	medical medica	RONAL complicatione tha List only one cau B. DUE TO DUE TO DUE TO DUE TO DUE TO A. DUE TO A. DUE TO DUE TO DUE TO DUE TO A. DUE TO DUE TO	(OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A	the death, Dach line. WOUNI CONSEQUENCE CONSEQUENCE CONSEQUENCE Ut not recultin attent 3 DOA 28b. 1 At home, lem DDED A	OF): OF):	ying ceuee give	I I MORE, such ee ca	24a. WAS AN / PERFORI 1 YES 2 One) (Specify) ESCRIBE HOW IN CATTON (Street er key or keyn, Stete) appa a	AUTOPSY MED? NO WOO SJURY OCCUP Shot Ind Number or Fred Fred Fach	24b. WE AM COOP 1 [APPROXIMATION AP
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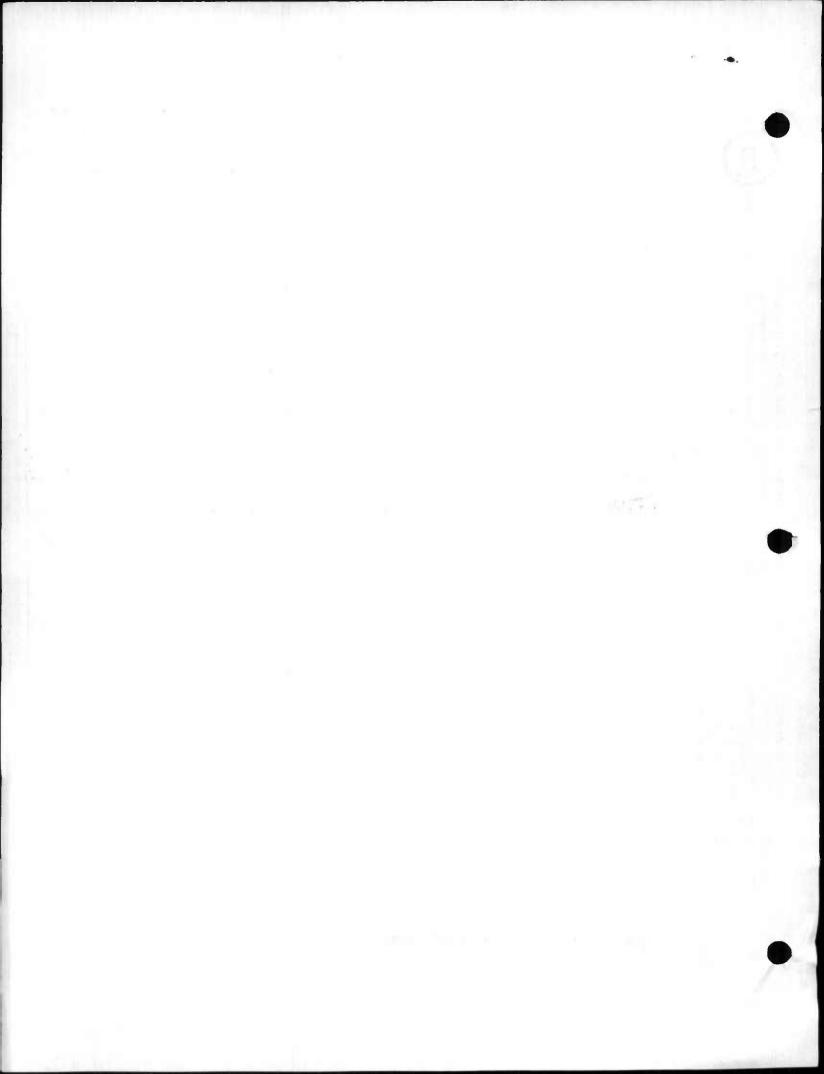
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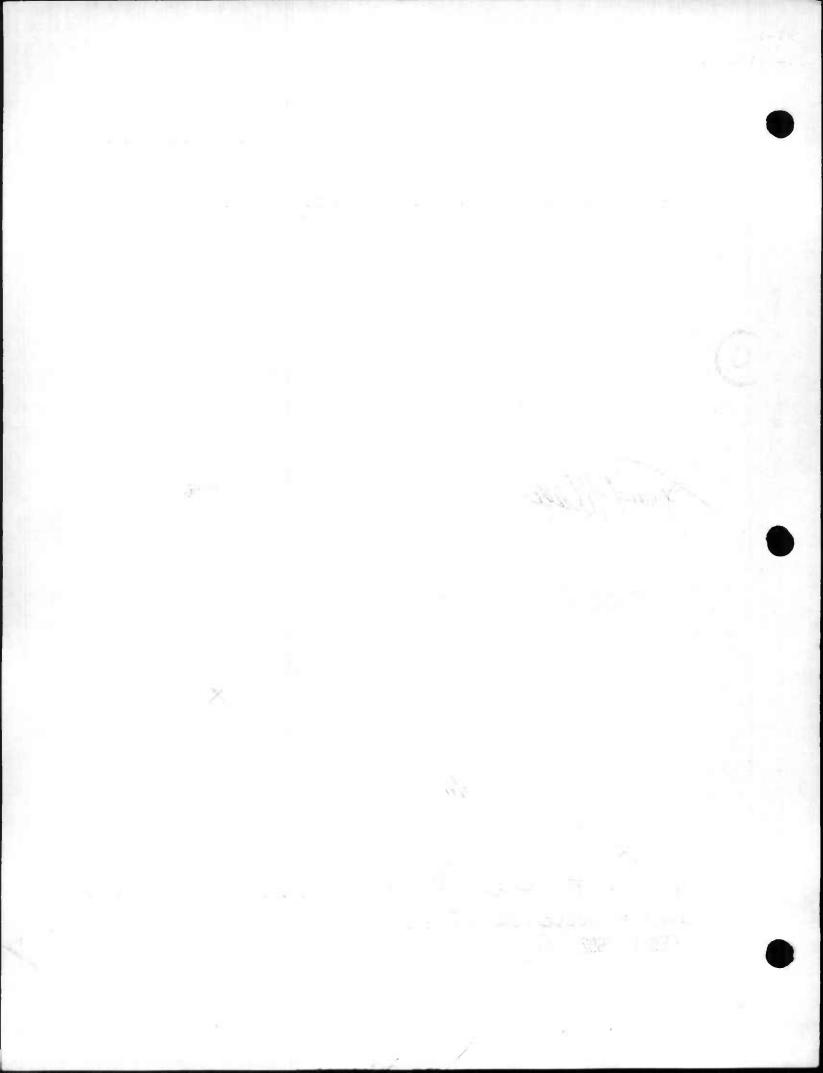
I day

19	1. DECEDENT'S NAME (First, Mid		1:-1 0.			2. DATE OF DEATH		year 9 9 1 4 : 45 P
- 6	4. SOCIAL SECURITY NUMBER	ce Virginia N	MCCNOLS MGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	NOU.		
1	215-01-1023	3 1 □ M 2X□XF 7	7 1 YRS.	MONTHS DAYS	HOURS MIN.	Jan. 9, 1	920	8. BIRTHPLACE (State or Foreign Country) d.
	9a. FACILITY NAME (If not institut				OR LOCATION OF D		100000000000000000000000000000000000000	TY OF DEATH
CTOR	Route 3 Box			Fede	ralsbur	ıg	Ca	roline
DIRE		b. COUNTY		TY, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
	M.C.	Caroline	Fee	deralsb	ourg,			1 YES 2 NO
FUNERAL	Route 3 B	30x 262		, and the second	21632		10g. CITIZ	EN OF WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EV		13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify	Yee or No-	14. RACE — American Indian.
BY	1 Never Married 2 Marr 3 Wildowed 4 Divorced	IE VEC ONE WAS O			S 2 NO Speci	an, Puerto Rican, etc.) fy:		Specify: White
ED	15. DECEDE	NT'S EDUCATION thest grade completed)	18e. DECEDENT'S	S USUAL OCCUPATI	ION	16b. KIND OF	BUSINESS/INDL	JSTRY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT L					
DMP	17. FATHER'S NAME (First, Middle	(/ast)	Food	Servic	e Oper.		t Foo	d
BE C	Marion T					AME (First, Middle, Meli Hastin		
TO B	190. INFORMANT'S NAME (Type/F		19b. MAILIN	G ADDRESS (Street	and Number or Burni	Boute Number City or	France State 7/a	Code) 01022
-	Helen Hales		375	Caspian	way Ar	ot. 2 Im	peria.	l Beach, 360
	20e. METHOD OF DISPOSITION 1 Department of the Communication of the Com	3 Ramoval from State	20b. PLACE AND DATE	OF DISPOSITION (N	lame of	OATE 20c.	LOCATION - C	ity or Town, State
	21. SIGNATURE OF FUNERAL SE		Cokesbi	22. NAME A	NO ADDRESS OF FA	1/26/191 VCILITY	Fede	ralsburg, 1
	1 b							
	23. PART I. Enter the disease ahock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)	sea, or complications that cause of fallure. List only one cause of th	in aach lina.	Fede	iamson ralsbur oda of dying, suc	ia. Md.	21632 apiratory arre	interval Batw
TIFICATION	23. PART I. Enter the disease ahock, or heart IMMEDIATE CAUSE (Final disease or condition	DUE TO (OR A	AS A CONSEQUENCE O	Fedenot enter the mo	ralsbur	ch as cardiac or re	21632 apiratory arre	st, Approximate interval Batwo Onset and De
	23. PART I. Enter the diseas ahock, or heart IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A DUE TO (OR A DUE TO (OR A d.	AS A CONSEQUENCE O	Fedenot enter the mo	Talsburg, suc	cg, Md. The as cardiac or re	21632 apiratory arre	Interval Batw Onset and De
4	23. PART I. Enter the diseas shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR A d	AS A CONSEQUENCE O	Fedenot enter the mo	Talsburg, suc	Part I. 24a. WAS	2 1 6 3 2 apiratory arre	Interval Batw Onset and Do 24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO
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: MEDICAL	23. PART I. Enter the diseas ahock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cause. Examiner?	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A	AS A CONSEQUENCE OF AS A C	Fedenot enter the modern the mode	Talsburg, suc	Part I. 24a. WAS PERN	2 1 6 3 2 apiratory arre	24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAUS DF DEATH?
: MEDICAL	23. PART I. Enter the disease shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cause.	DUE TO (OR A DU	AS A CONSEQUENCE O	Fedenot enter the modern the mode	ode of dying, suc	Part I. 24a. WAS PERI 1 YES	2 1 6 3 2 apiratory arre AN AUTOPSY ORIMEO? 2 □ NO	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	23. PART I. Enter the diseas shock, or heart IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cause. Part II. Other significant cause. Part II. Other significant cause. Part II. Other significant cause. Part II. Other significant cause. Part II. Other significant cause. Part II. Other significant cause. Part II. Other significant cause. Part II. Other significant cause. Part II. Other significant cause. Part II. Other significant cause. Part II. Other significant cause. Part II. Other significant cause. Part II. Other significant cause. Part II. Other significant cause. Part II. Other significant cause. Part II. Other significant cause. Part II. Other significant cause. Part II. Other significant cause. Part III. Other	DUE TO (OR A DU	AS A CONSEQUENCE O	Fedenot enter the motor of the	ralsburg	Part I. 24a. WAS PERI 1 YES	2 1 6 3 2 apiratory arre AN AUTOPSY ORIMEO? 2 □ NO	24b. WERE AUTOPSY FINDINAMILABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	23. PART I. Enter the disease shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cause. Examiner? 1 Yes 2 No 27. MANNER OF DEATH 1 Natural 5 Pend Investigations of Could	DUE TO (OR A DU	AS A CONSEQUENCE OF AS A C	Fedenot enter the motor of the	CALS BUT Ode of dying, such LACE OF DEATH (Ch The 5 Residence JURY AT JURY AT JURY 2 NO	Part I. 24a. WAS PERF 1 YES CONTROL OF CRIBE HOLD 24a. WAS PERF 1 YES	AN AUTOPSY ORMEO? 2 □ NO	24b. WERE AUTOPSY FINDI AMILABLE PRIOR TO COMPLETION OF CAUTO DE DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseas shock, or heart immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cause. Examiner? 1	DUE TO (OR A DUE TO (OR A DUE TO (OR A d. DU	AS A CONSEQUENCE OF AS A C	Fedenot enter the modern the mode	CALS BUT DODA OF DEATH (Ch The 5 Residence SURY AT DRK7 YES 2 NO	Part I. 24a. WAS PERI 1 YES Chy or Rown, Ste	AN AUTOPSY ORMEO? 2 NO W INJURY OCCU	Interval Betw Onset and D 24b. WERE AUTOPSY FINDI ANALABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseas shock, or heart immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cause. Examiner? 1 YES 2 NO 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pend Investigation of the could death of the	DUE TO (OR A DUE TO (OR A d.	AS A CONSEQUENCE OF AS A C	Fedenot enter the model of the	Pace of Death (Chance 5 Residence JURY AT JOHK? Tend place, end due	Part I. 24a. WAS PERI I YES Chy one) 6 Other (Specify) 28d. OESCRIBE HOT City or Town, Ste	AN AUTOPSY ORMEO? 2 NO W INJURY OCCU et and Number or tel)	Interval Betw Onset and D 24b. WERE AUTOPSY FINDI ANALABLE PRIOR TO COMPLETION DF CAUL DF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseas shock, or heart immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cause. Examiner? 1 YES 2 NO 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pend Investigation of the could death of the	DUE TO (OR A DU	AS A CONSEQUENCE OF AS A C	Fedenot enter the model of the	Pace of Death (Chance 5 Residence JURY AT JOHK? Tend place, end due	Part I. 24a. WAS PERR 1 YES Other (Specify) 28d. OESCRIBE HOT 28f. LOCATION (Street, Street, AN AUTOPSY ORMEO? 2 NO WINJURY OCCU et end Number of tend Number of tend number of the tend number of tend number of tend number of the tend number of tend n	Interval Betw Onset and D 24b. WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO RED RED Recuse(a) and manner as state-	
MEDIC	23. PART I. Enter the disease shock, or heart immediate cause (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant c 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pend Investigation of the could deter (Check only one) 29a. CERTIFIER (Check only one)	DUE TO (OR A DU	AS A CONSEQUENCE OF AS A C	Fedenot enter the model of the	Cause given in LACE OF DEATH (Ch ne 5 Residence JURY AT DRK? YES 2 NO ca ne end place, end due	Part I. 24a. WAS PERR 1 YES Other (Specify) 28d. OESCRIBE HOT 28f. LOCATION (Street, Street, AN AUTOPSY ORMEO? 2 NO WINJURY OCCU et end Number of tend Number of tend number of the tend number of tend number of tend number of the tend number of tend n	Interval Betwoonset and Conset an	



	1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEPAF Certif		HEALTH AND F DEATH	MENTAL HYGIEN REG. NO	(1)	-37598
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	JULIAN W	SET				12 3	1 19	
	210 Ki 11362	5. SEX 1 M 2 M F	8. AGE (In yrs. last birthday) YRS.	MONTHS DAY		(Month, Day, Ygar)	1000	BIRTHPLACE (State or Foreign Country)
	9e. FACILITY NAME (If not institution, give stre			9b. CITY, TOW	N OR LOCATION OF	DEATH	1 9c. COUNT	Y OF DEATH
CTOR	THE JOHNS HOPKINS	HOSPITA	AL	BALTI	MORE		BALTI	
ECI	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY
DIRE	Md TAL	of	E	Aston				LIMITS?
FUNERAL	10e. STREET AND NUMBER	0.1.0			101. ZIP CODE	/	10g. CITIZE	N OF WHAT COUNTRY?
NE	11. MARITAL STATUS	INE			2/60/		I.	SA
	1 Never Married 2 Merried	FORCES? 1 [If yes,	ECENDENT OF HISE apecify Cuben, Mexi ES 2 NO Spe	PANIC ORIGIN? (Specify Yes Icen, Puerto Ricen, etc.)	or No- 14	Black, White, etc.
р Ву	3 Widowed 4 Divorced			''''	ES 2 XNO Spo	cny:		Specify: Black
ETED	15. DECEDENT'S EDUCA (Specify only highest grade co	impleted)	18e, DECEDENT'S (Give kind of the Do NOT us	work done during	TION most of working	16b. KIND OF BU	SINESS/INDUS	TRY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		A		NA		
CO	17. FATHER'S NAME (First, Middle, Last)	41			18. MOTHER'S	NAME (First, Middle, Meiden	Sumame)	
BE	MARKIN K.S.	eth			TAM	MV N. SE	15	
2	190' INFORMANT'S NAME (Type/Print) MAR VI'A) V. S.	tt	19b. MAILING	ADORESS (Sye	et end Number or Run	al Route Number, City or Tow	n, State, Zip Co	51161
6	20e. METHOD OF DISPOSITION	11	20b. PLACE AND DATE	OF DISPOSITION	Name of	DATE DE LO	CATION - CIN	y or Town, State
	1 Buriel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)		cemetery, cremetory ono	ther place)	MORU	373/A /V	VIOR 1	Se 19901
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		22. NAME	AND ADDRESS OF	FACILITY ROUNDS	015	Mith SERVICES
	Xoun A. Cr	ince		P.0	B0492	8 HURLOR	F MO	2/643
	23. PART I Shiter the diseases, or cor shock, or heart fellure. List	npilcations that out only one ceuse	causad the death. Do r	not enter the r	node of dying, as	uch as cardiac or respi	ratery arrea	t, Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	The	20 phy 110		toxic.	4		Onset and Desth
	resulting in death) a.		OR AS A CONSEQUENCE OF		- 1100	7		3 days.
N	Sequentially list conditions, b.	St	tatus	Epil.	epticu	s.		Sclays.
ATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (O	R AS A CONSEQUENCE OF	F): /	0	1		Hdays.
IFIC	CAUSE (Disease or injury that initiated eventa	DUE TO (O	R AS A CONSEQUENCE OF	F):	ance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		170013
CERTIFICATION	resulting in desth) LAST							
CALC	PART II. Other significant conditions	contributing to de	eeth but not reaulting i	in the underly	ng csuse given i	n Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
	Severe	Cereb	nal E	den	a.	PERFOR 1 YES 2		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED								1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				DI 405 05 05 05 05			
SICI	Mar 1 4 10 1 10 10 10 10 10 10 10 10 10 10 10 1	OSPITAL:	R/Outpetlent 3 🗆 DOA	OTHER:	PLACE OF DEATH (C	B Check only one) Other (Specify)		
PHY	27. MANNER OF OEATH	28e. OATE OF IN (Month, Day,	JURY 28b. TIM	E OF 28c, II	NJURY AT NIA	28d. OESCRIBE HOW II	NJURY OCCUR	EO
BY	1 Netural 5 Pending 2 Accident Investigation			M 1	YES 2 NO	Not ar	plice	able.
9	3 Suicide 8 Could not be determined	28e. PLACE OF I	NJURY — At home, ferm, a c. (Specify)	dreet, factory, of	lice	281. LOCATION (Street a City or Town, State)	nd Number or i	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the heat of ou	y knowledge death con-	ad ad the diam of				
OME	(Check only one) 2 MEDICAL EXAMINER:	On the basis of exam	nination end/or investigatio	n, in my opinion,	death occured at the	ue to the cause(e) end man ne time, date end place, en	ner es atated.	nuse(s) and manner on stated,
III II	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE N			GNED (Month, Day, Year)
TO B		ulami			J253	26	121	21/91
	30. NAME AND ADDRESS OF PERSON WHO OF BUNN OK. 31. DATE FILED (Month, Day, Year)	A NLAT	OF DEATH (ITEM 27) (Type,	Print) Redid	tric Int	ensine Ca	re.Jo	has the kin the
		32. REGISTRAR'S	SIGNATURE	0				
	JAN 1 3 1992	guha Da	SIGNATURE PONDAME	6				

	1. DECEDENT'S NAME (First, Mic UNKNOWN 91-	142			CERTIF					2. DATE MONTI	REG. N OF DEATH	DAY 3.1	YEAR 91	3. TIME OF DEA
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.	. last birthday) YRS.	IF UNDER	t YEAR DAYS	IF UNDER	R 24 HRS.		OF BIRTH			PLACE (State or I
	9a. FACILITY NAME (If not institu	ition, give s			1110.	9b. CITY,	TOWN C	OR LOCATI	ON OF DE	ATH		9c. COU	NTY OF DE	EATH
CTOR	I-270 SOUT	H OI	F FREDE	RICK, N	MD.	FRE	EDEF	RICK					DERI	
Ш	RESIDENCE OF DECEE 10a, STATE 10	b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCAT	TION					T	10d. INSIDE CIT
L DIR														1 YES 2
ERA	10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CITI	IZEN OF W	HAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Mar 3 Widowed 4 Divorced			NT EVER IN U.S. I YES 2 (1	f yes, spe	ecify Cubs	OF HISPAN In, Maxica Specify	n, Puerto I	? (Specify 'lican, etc.)	fea or No—	14. RACE Black, Specify	- American Inc., White, etc.
8	15. DECEDE (Specify only hig	ENT'S EDU	CATION	16a.	DECEDENT'S	USUAL OC	CUPATIO	ON .		16b.	KIND OF E	USINESS/IND	DUSTRY	
LET.	Elementary/Secondary (0-12)		College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done o se retired.)	during mo	st of worki	ng					
COMPL	17. FATHER'S NAME (First, Middle	e, Lest)						18. MOT	HER'S NAI	ME (First II	dicirlla Mairi	an Sumame)		
BE C										ME (7 11 31, 11	modia, marci	er Gurrerro)		
70	19a. INFORMANT'S NAME (Type/	Print)			19b. MAILING	ADDRESS	(Street a	nd Number	r or Rural F	Poute Numb	er, City or T	own, State, Zip	Code)	
	OCMF 20a. METHOD OF DISPOSITION			20b.PLA	CE AND DATE	OF DISPOSI	ITION (Na	me of		DATE	20c. I	OCATION —	City or Tow	vn. Stata
	1 Burtal 2 Cremation 4 Donation 6 Other (Spe	ecity) I	STATE		crematory or o									
	21. SIGNATURE OF SONESIAL ST	11/1	RONAL RONAL	n Mane	D	22.1	NAME AN	ID ADDRE	SS OF FAC	CILITY	STATI	E ANAT	OMV	DOADD
1		11 111	LONAL	TO MADE	, UIR						OIATE	_ /\!\!\	OITI .	BOARD
	23. ART i. Enter the discs shock, or heart	ases, or o	complications the	D WADE 2 at caused the use on each in	daeth. Do	o 6	55 V tha mo	N. BA	ALTIN	ORE	ST, 1	BALTO.	.MD	21201 Approxim
	23. ART I. Enter the disease hock, or heart iMMEDIATE CAUSE (Final disease or condition resulting in death)	ases, or of t failure.	List only one car	at caused the	daeth. Do i Ina. ed	not enter	55 V tha mo	N. BA	ALTIN	MORE h sa cerc	ST, 1	BALTO.	.MD	21201 Approxim
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, laading to immediat	a. C	List only one can Undet DUE TO	at caused the use on each in	daeth. Do i ina. ed SEOUENCE O	not enter	55 V tha mo	N. Ba	ALTIN	MORE h sa cerc	ST, 1	BALTO.	.MD	21201 Approxir
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91-37600

FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Amedia after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	CATE O	F DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Earnest James Wise				10-	20	9 1 M
				T			
	THE STATE OF THE S	-	F UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	UNK 1 1 × 2 □ F 45	YRS.			3-30-4	6	Va
	9a. FACILITY NAME (If not institution, give street and number)	9	b. CITY, TOW	OR LOCATION OF DE		9c. COUNTY	OF OEATH
B	1006 Panton Ct		C - 7	a harara 11	M	17.2	
-	1806 Barton St.		2 d l	sbury, i	Ma.	W 1	comco
DIREC	10a. STATE 10b. COUNTY	10c. CITY. 1	TOWN OR LO	CATION			10d. INSIDE CITY
E-1		1 .					LIMITS?
OHER WAY	Md Wicomo	5	alis				1 YES 2 NO
4	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	1806 Barton St Salisbury	v Md		21801		1 1	USA
<u> </u>	11. MARITAL STATUS 12. WAS DECEDENT EVER IN 11.S.	ARMED	13, WAS E		IC ORIGIN? (Specify Yes		RACE — American Indian.
	1 Never Married 2 Married FORCES? 1 YES 2	X NO	If yes,	specify Cuban, Mexican	n, Puerto Rican, etc.)		Black, White, etc.
B	3 Wildowed 4 V Divorced IF YES, GIVE WAR OR DATES		1 1 1 1	ES 2) NO Specify	*		Specify: B1k.
	/						10.10
巴	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of wor	rk done during		16b. KIND OF BU	SINESS/INDUS	THY
ių	Elamentary/Secondary (0-12) College (1-4 or 5+)	ilfe. Do NOT use i	retired.)				
⊑∣	12	Truck	Dr	iver	Se1	f-Emp	loved
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Meiden		
	Denard Cephas			10000	hina T	During	
BE	19s. INFORMANT'S NAME (Type/Print)				hine T. Route Number, City or Tow		
2			-112				
- 1	Allean T.Monroe	18	06 B	irton St	. Salisb	urv.Mo	d 21801
	20a. METHOD OF DISPOSITION 20b. PLA	CE OF DISPOSIT	ION (Name of	cemetery, crematory or	20c. L.C		or Town, State
	1 Burial 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)	reen A	cres	MEMORIA	L Park	Salis	sbury,Md
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	_	22. NAME	AND ADDRESS OF FA	CILITY	*** ***	
	17 . 22 / 2				ral , Hom	۵	
	Lussell This				4 Salish		4 21001
	23. PART I. Enter the diseases, or complications that caused the	death. Do not					
	ahock, or heart failure. List only one cause on each i			,		,	Interval Between
	IMMEDIATE CAUSE (Final	0	1		2-		Onset and Death
	disease or condition a	las	(an	mmao	7 (12) mu	NIM	u 6 mos
	DUE TO (OR AS A CON	SEQUENCE OF):		/		7	7
-	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Due to (or as a condition death)			/	Simil	2.	
õ	Sequentially list conditions, DUE TO (OR AS A CON				1000		
F	If any, leading to immediate cause. Enter UNDERLYING						
CERTIFICATION	CAUSE (Disease or Injury	20010100 20					
E I	that initiated events resulting in death) LAST	SECUENCE OF).					į i
11	d						
O	DART II Other plantificant conditions contribution to death but a	-	Ab	d== e==== d=== d==	Book I. Law was as		1
DICAL	PART II. Other algnificant conditions contributing to death but no	ot reaulting in	the under	ing cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2	<u> </u>				1 _ YES	2 NO	COMPLETION OF CAUSE OF DEATH?
						711	1 TYES 2 NO
2							10.199.20,00
2				NI LONG THE WOODS			
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	PLACE OF DEATH (Ch	ck only one)		
S	1 VES 2 NO 1 Inpatient 2 ER/Outpatient		Nursing I	Iome P Residence	6 Other (Specify)	_	
E	27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUI	OF 28c.	INJURY AT WORK?	28d, DESCRIBE HOW	INJURY OCCU	RED
4	1 Natural 5 Pending	INJUI		YES 2 NO			
B⊀	2 Accident Investigation 3 Suicide 2 Could at h 28e. PLACE OF INJURY — Al	t home form str	net factory (ffice	26f. LOCATION (Street	and Number or	Pural Bruta Number
	3 Suicide 6 Could not be building, etc. (Specify)		out, motory,		City or Town, State)	The at Thomas Truitmon,
E							
7	29a. CERTIFIER Check only CERTIFYING PHYSICIAN: To the best of my knowledge	, death occurred	at the time,	late and place, and due	to the cause(s) and mi	nner as stated.	
COMPLETED	one) 2 MEDICAL EXAMINERY On the besits of experimetion and	/or investigation,	. In my opinio	n, death occured at the	time, date and place, e	nd due to the d	ceuse(s) and manner as stated.
8							
BE	296. SIGNATURE IND YTLE OF CERTIFIER			29c. LICENSE NUI			SIGNED (Month, Day, Year)
	1/1// 000/1/			D 131	7	1 10	-31-91
2	38. HAMS AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ((ITEM 27) (Type, F	Print)				
	M.C. SCHASFSRA 560	B 102	-Ru	wide M.	91 Salest	Sax	mole
1	31. DATE FILED (Month, Day, Year)	F 40		- 17.7		2	1101
4	and the second						
	FFR 1 3 1992						

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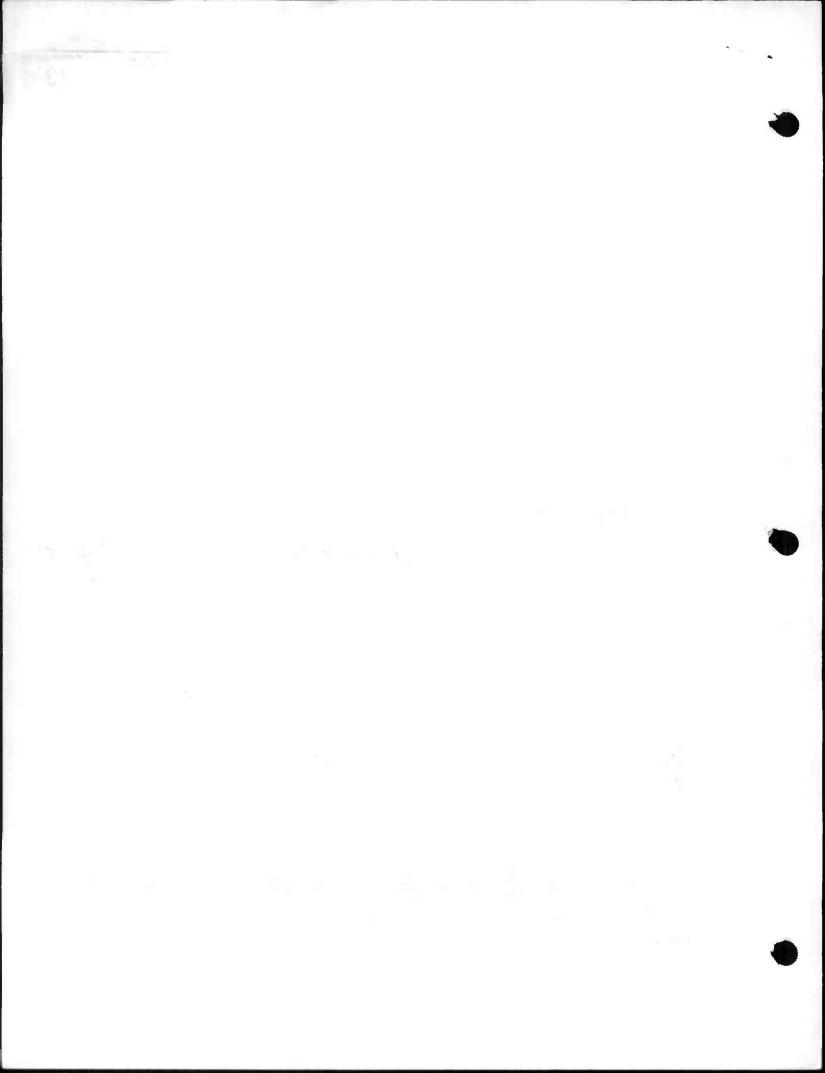
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7	PHYSICIAN
DIVISION OF VITAL RECORDS, P.O. BOX	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
5	a
_	-

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2005 after feath. Page 6 may require this patient of physician. TO THE FUNERAL DIRECTOR: Acta this patient has been standing physician and completely filled in by the funeral director, page 5 must be as the bunta-transit permit. Pages 1, 2, 3 should be a provided for the part of the page 100 must be as the bunta-transit permit. Pages 1, 2, 3 should be a page 100 must be a page 100	be filled within 12 flours after bean with the State Dept, by reading and remain sygnetic prior to contact, controlled, or state bean with the medical examiner must be stated one.
LTIMORE	eath. Page 6 may funeral director, p	caminer must
BA	y filled in by the f	the medical ex
X 13146,	se executed within ian and completely to build completely	sumatic event,
, P.O. BO	death certificate to attending physic	ury, or other tra
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	requires that the	shows any inju
F VITAL F	rSICIAN: The law s certificate has b	d, or item 23
VISION O	RECTOR: After this	m 28 is marke
IO	TO THE HOSPITAL OF	IMPORTANT: If itel

91-37601

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF				MENT	AL HYGIENE REG. NO.		0 1601	
, ,	1. DECEOENT'S NAME (First, Middle, La ALBERT HENRY							TE OF DEATN DAY		3. TIME OF DEATN	
; ;	4. SOCIAL SECURITY NUMBER 214-32-6585	5. SEX 6. AGE	(In yrs. last birthday) 87 YRS.	MONTHS		OURS MIN.	(Mc	TE OF BIRTH onth, Day, Year)		BIRTNPLACE (State or Foreign Country)	
~	9a, FACILITY NAME (If not institution, gir	ve street end number)		9b. CITY,	TOWN OR	LOCATION OF DI	EATN		9c. COUNTY OF DEATH		
Ĕ.	311 LITTLE KID	WELL		CENTREVILLE					QUEEN ANNE'S		
DIRECTOR	MARYLAND Q1	UEEN ANNE'S	10c. CIT	10c. CITY, TOWN OR LOCATION CENTREVILLE					10d. INSIDE LIMITS		
FUNERAL	100. STREET AND NUMBER 311 LITTLE KIDW	101. ZIP CODE 21617						OF WHAT COUNTRY? USA			
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 A Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AFFORCES? 1 YES 2 Not on the property of			H		ty Cuben, Mexico	in, Puer	GIN? (Specify Yes o to Ricen, atc.)		RACE American Indian, Black, White, atc. Specify: BLACK	
COMPLETED	15. DECEDENT'S I (Specify only highest gi Elementery/Secondary (0-12) ELEMENTARY		16e. DECEDENT'S (Give kind of the Do NOT us) TRUCK	work done d se retired.)	during most	of working		CELE E		ED HAULING	
COMP	17. FATNER'S NAME (First, Middle, Least) MARTCILIOS J		IRUCK	DKIV				st, Middle, Meiden S	iumame)		
TO BE	190. INFORMANT'S NAME (Type/Print) DOROTHY PAUL	S						umber, City or Town. /ILLE, M			
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 F 4 Donation 5 Other (Specify)	ternoval from State	b. PLACE OF DISPO other place)	CHUR	СН СЕ	METERY		BUR	RISVIL	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE						BENNIE :	SMITH	SERVICES	
TION	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	e. OUE TO (OR AS	each line.	US IFI:		U D	ch ss c	ardiec or reepir	atory arreat	Approximata interval Between Onset and Death	
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST d.										
PHYSICIAN: MEDICAL C	PART II. Other significent condi	tione contributing to deeth	but not resulting	in the un	nderlying	cause given in	Part i	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
NAN	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		07115		CE OF DEATH (C	heck onl	y one)			
YSIC	1 TYES 2 NO	1 Inpetient 2 ER/Ou			sing Home	5 Rasidence	7				
	27. MANNER OF DEATN 1 Netural 5 Pending Investigat	28e. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY M	28c. INJUI WOR		286.	DESCRIBE NOW IF	NJUHY OCCUP	460	
TED BY	2 Accident Investiget 3 Suicide 8 Could not 4 Homicide determine	28e. PLACE OF INJUR building, etc. (Sp		street, fact	tory, office			LOCATION (Street e City or Town, Stete)	nd Number or	Rural Route Number,	
COMPLETED	(Check only — — — —	NYSICIAN: To the best of my kno MINER: On the beste of examinat									
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F	Yohn	WHO COMPLETED CAUSE OF D	ith'	J							
	DEC 2.7 '91	grana view door - V									



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cette	leath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	Hem
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TO THE HOSPITAL TO THE FUNERAL C be filed within 72 h

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH YEAR Martha Elizabeth Jarrel1 12 19 91 11:43 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIFTTN (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign Country) 1 🗆 M 2 XX DAYS HOURS 214-68-6652 02-27-09 Church Hill 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Memorial Hospital at Easton Easton Talbot RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Caroline Ridgely 1 NES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rt. 1 Box 2 21660 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—It yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. It yes, specify Cuben, Mexican,

1 YES 2 NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY **\$**○\Widowed 4 □ Divorced white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION pecify only highest grade complete 166. KIND OF BUSINESS/INDUSTRY (Spe Elementery/Secondary (0-12) College (1-4 or 5+) 10 Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Andrew Frank Meredith BE Daisy Elmira Hoffecker 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Phyllis Ann Andrew Box 20A, Centreville, MD 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE OA Co. Church Hill Cemtery 4 Donetion 5 D Other (Specify) 12/23 Church Hill, Mary Tand 21. BIGNATURE OF JONERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY
Tom Helfenbein Funeral Homes, PA beni 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert feliure. List only one cause on each line. 106 Shamrock RD, Chester, MD Approximate Interval Between IMMEDIATE CAUSE (Finel Onaet and Death disease or condition Myscardial Inhuction reculting in death) CERTIFICATION Sequentielly list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events reaulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 inpatient 2 - ER/Outpatient 3 - DOA e 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Nomicide 29e. CERTIFIER

1 CERTIFYING PNYSICIAN: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) end manner as stated. 2 __MEDICAL EXAMINER: On the besig of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner ee stated. 296. SIGNATURE AND TITLE OF 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 36411 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 5010L0 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Julia Davidson-Randall

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARY AND 21215-0020

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CE	:HIII	ICATE	UF	DEATH		REG. NO.				
	CHRISTOPHER		SCOTT		I	EAG	ER	MON'	E OF DEATH	1 1 9	VEAR	2:27	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTHPL	ACE (State	
	219-88-6655	1 🔀 M 2 🗆 F	23	YRS.	MONTHS	DAYS	HOURS MIN.		-15-68		East	on,	MD
œ	9a. FACILITY NAME (If not institution, give s		UOCDIT	• А Т	9b. CITY,		DR LOCATION OF D				Y OF DEA		T . T
5	RESIDENCE OF DECEDENT	JENEKAL	позгл	AL	L	AI	NAPOLI	3		ANN	E A	RUND	<u> </u>
DIRECTOR	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN C	R LOCAT	TION			•	- 10	d. INSIDE	
	Maryland Quee	n Anne	S		Ce		eville				1	YES 2	
FUNERAL		100				101	. ZIP CODE	_		10g. CITIZ	EN OF WH	AT COUNTR	43
NE	Rt. 1 Box		T EVER IN U.S. AR	MED	140.1		2161				.S.A		
	1 Never Married 2 Merried	FORCES? 1	YES 2-A	10	1	1 yes, sp	ENDENT OF HISPA	an, Puerto		or No—	Black, 1	American Vhite, etc.	indian,
B √	3 Widowed 4 Divorced		- ON DATES			U YES	2 NO Specif	ry:			Specify:	whi	te
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DE:	CEDENT'S	USUAL OC	CUPATIO	ON st of working	16	b. KIND OF BUS	INESS/INDU	STRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	')							- .			
OM	17. FATHER'S NAME (First, Middle, Last)		ra	rmer	<u>an</u>	a w	aterman		Agric		re/S	eafo	pod
Ö W	Donald Lee L	eager							e Ben				
8	194. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	(Street e	nd Number or Rural				Codel		_
5	Donald Lee I	eager		Rt.	_		482		trevi			216	17
	20e. METHOD OF DISPOSITION 1 № Buriel 2 □ Cremetion 3 □ Rem	oval from State	20b. PLACE A	ND DATE (OF DISPOS			DAT		CATION - CI		State	
	4 Donetion 5 Other (Specify)		Sudl	ersy	zill	e C	emetery	/12/2	20 Suc	llers	ille	Mai	A Coryla
	21. SIGNATURE OF FUNERAL SERVICE LIK	9///	/		22. T	NAME AN	Helfenk	cein	Fune	ral 1	Home	c I	Δ
	Chymro K.	Hallen	heri		1	06	Shamrod	ck R	D. Che	este	r. M	D 2	161
	23. PART I. Enter the diseasea, proshock, pr heart fellure.	Omplicetions the	t caused the de	ath. Do n	not enter	the mo-	da of dying, auc	h as cen	diac or reapir	atory arre	et,	Appro	kimate
	IMMEDIATE CAUSE (Final	D											and De
	disease or condition reaulting in deeth)		ning										
		00E 10	(OR AS A CONSEC	UENCE OF	F):								
o l	Sequentially list conditione, if any, leading to immediate	DUE TO	(OR AS A CONSEC	UENCE OF	F):								
CATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	s											
CERTIFI	that initieted eventa resulting in death) LAST	DUE TO	(OR AS A CONSEC	UENCE OF	F):							-	
ER	Teeding in death) EXST	1										ļ	
_	PART II. Other eignificent condition	e contributing to	death but not re	suiting i	in the un	deriying	cause given in	Part I.	24s, WAS AN	UTOPSY	24b. W	RE AUTOPS	Y FINDIN
EDICAL									PERFORM		AN	MPLETION	OR TO
ME									Marco 2	_ NO		DEATH?	C NO.
								_				2 69 2	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL					ACE OF DEATH (Ch	eck only or	ne)				
YSI	X X YES 2 NO	HOSPITAL:	ZER/Outpatient 3	□ DOA	OTHER 4 Nurs		5 - Residence	8 🗆 Othe	or (Specify)				
PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF 1 2 (Month) Da	av Magel -	1 2 INJ	E OF	28c, INJU	JRY AT		SCRIBE HOW IN			IDD	
BY	2 Accident Investigation					4 A v	ES 2 NO		SUBJE				
ا ۵	3 Suicide 6 Could not be	28a. PLACE Of	F INJURY — At hore	ne, ferm, a	street, lecto	ry, office		281, LOC	ATION (Street er	od Number o	Down David	n Marchan	

29b. SIGNATURE AND TITLE OF CERTIFIE and

29c. LICENSE NUMBER OCME

29d. DATE SIGNED (Month, Day, Year)
12 18 1991

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dennis J. Chute, MD 111 PENN STREET BALTIMORE, MARYLAND 21201

DEC 20 91

32. REGISTRAR'S SIGNATURE

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FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIE

	REGISTRAR		CENTI	FICATE OF	DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DEATH
	George	Sudler	Star	kev. Sr.			25. 199	PAR 91 4:53 P M
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday		IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (Stete or Foreign
	220 - 26 - 3719	1 M 2 D F	86 YRS.	MONTHS DAYS	HOURS MIN.	Sept 19"	1905 M	fary land
	9e. FACILITY NAME (If not institution, give s	street and number)		9h CITY TOWN	OR LOCATION OF D		La- country	AF DEATH
œ						9c. COUNTY OF DEATH		
5	Kent & Queen Ann	ie. s Hospita	1, Inc.	Ch	estertow	Kent County		
ĕ	10e. STATE 10b. COUNT	Y	10c. C	ITY, TOWN OR LOCA	TION			10d. INSIDE CITY
5	Maryland Quee	n Anne's	Ce	ntreville	9			1 X YES 2 NO
7	10e. STREET AND NUMBER			10	of. ZIP CODE		I 100 CITIZEN	OF WHAT COUNTRY?
8	202 Newman Avenue			1	21617	7		ed States
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	12 W46 DE	CENDENT OF WICH	NIC ORIGIN? (Specify Ye		
	1 Never Merried 2 X Merried	FORCES? 1 YE	S 2 NO	If yea, a	pecify Cuben, Mexic	en, Puerto Rican, etc.)	a or No 14.	. RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 [] YE	S 2 NO Speci	fy:	T.	Specify: Vhite
Q	15. DECEDENT'S EDU	CATION	16e. DECEDENT	S USUAL OCCUPAT	ION	16b. KIND OF BU	-	
E	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind o	f work done during m use retired.)	ost of working	TOO. KIND OF BU	SINCSS/INDUS	INT
4	5	College (1-4 or 5+)	Custo	dian		County	Gover	nment
\$ 8	17. FATHER'S NAME (First, Middle, Last)				I to Marine an			
BE DOMPLETED		arkey			Cora	Rena Duke	Sumeme)	
4	19a. INFORMANT'S NAME (Type/Print)		Even visa					
P	Sally E. Starke		202	Newman A	end Number or Rural Venue. Ce	Aoute Number, City or Tow entreville	n, State, Zip Co. Marv1	and 21617
	20e. METHOO OF DISPOSITION	,						
	t X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		ob.PLACEANDDAT emetery.cremetory.or hesterti				CATION - City	
	21. SIGNATURE OF FUNERAL SERVICE LIC		nesterri				itrevil	le, Maryland
		H, Barton,	Ir.	22. NAME A	ND ADDRESS OF FA	ral Home		
	James H.	Barton	Sh			2, Centrev	ille, N	ID 21617
	23. PART I. Enter the diseases, pr	complications that caus	ed the death. Do	not enter the me	ode of dying, suc	ch as cerdiac or resp	Iratory arrest	, Approximate
	shock, or heert failure. IMMEDIATE CAUSE (Final	List only one cause on	eech line.			Л	,	Interval Between
	I IMMEDIATE CAUSE (FINAL					- 1/		
1	disease or condition	0. 1:	00.0		.10	- A-		Onset and Death
		a. Cardi	opul	mora	yav	rest-		
-	disease or condition	OUE TO (OR AS	Opul B A CONSEQUENCE	moran	yav	rest-		
NOI	disease or condition resulting in death) Sequentially list conditions,	Dal	usi	stion	yav	rest-		
ATION	disease or condition resulting in death)	Dal	A CONSEQUENCE	stion	yav	rest-		
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	pue to jon as	A CONSEQUENCE	lemi	yav a	rest-		
RTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	pue to jon as	usi	lemi	yav a	rest-		
CERTIFICATION	Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (DR AS	A CONSEQUENCE	levie	yav a	rest-		
	Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (DR AS	A CONSEQUENCE	levie	yav a	Part I. 24a, WAS AN		Onset and Death Onset and Death
	Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (DR AS	A CONSEQUENCE	levie	y av	PERFO	RMEO?	Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
EDICAL	Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	BUE TO (DRI AS	A CONSEQUENCE	levie	y av	Part I. 24a. WAS AN PERFOI	RMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
MEDICAL	Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (DR AS	A CONSEQUENCE	levie	y av	PERFO	RMEO?	Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEDICAL	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition	BUE TO (DRI AS	A CONSEQUENCE	in the underlying		PERFOI	RMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
MEDICAL	Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO OR AS BE CONTRIBUTING to death	A CONSEQUENCE	in the underlyin	LACE OF DEATH (C/	PERFOI	RMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
MEDICAL	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition	DUE TO OR AS B contributing to death HOSPITAL: 1 Impatient 2 ER/Ou	A CONSEQUENCE O	in the underlyin	LACE OF DEATH (Ch	PERFOI 1 YES :	RMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO OR AS BE CONTRIBUTING to death	but not resulting	26. P OTHER: 4 Nursing Hon	LACE OF DEATH (Ch	PERFOI	RMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation	BUE TO (DR AS BUE TO (DR AS BE Contributing to death LOSPITAL: 1 Inpetient 2 ER/Ou 2èe. DATE OF INJURY (Month, Dey, Year)	but not resulting	26. P OTHER: 4 Nursing Hon ME OF UNITY W M 1	LACE OF DEATH (Ch ne 5 Residence JURY AT JRK7 YES 2 NO	PERFOI 1 YES : Deck only one) 8 Other (Specify) 2ad. OESCRIBE HOW I	NEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending	BUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	but not resulting	26. P OTHER: 4 Nursing Hon ME OF UNITY W M 1	LACE OF DEATH (Ch ne 5 Residence JURY AT JRK7 YES 2 NO	PERFOI 1 YES :	NJURY OCCURI	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation 3 Suicide 8 Could not be determined	BUE TO OR AS BE CONTributing to death LOSPITAL: Impetient 2 = ER/Ou 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Sp	but not resulting	26. P OTHER: 4 Nursing Hon ME OF 28c. IN. JURY W 1 streat, fectory, office	LACE OF DEATH (Ch ne 5 Residence JURY AT JRK? YES 2 NO	PERFOI 1 YES : 1 YES : 2 Ad. OESCRIBE HOW I 2 Al. LOCATION (Street City or Town, Stete)	NJURY OCCURI	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation 29. CERTIFIER Check only 1 CERTIFYING PHYSIC	BUE TO OR AND TO	but not resulting	26. P OTHER: 4 Nursing Hon ME OF 28c. IN. IJURY M 1 atreat, fectory, office	LACE OF DEATH (C/r ne 5 Residence JURY AT JURY AT JURY 2 NO	PERFOI T YES : Total VES : T	NJURY OCCURI	Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation 29. CERTIFIER Check only 1 CERTIFYING PHYSIC	BUE TO OR AND TO	but not resulting	26. P OTHER: 4 Nursing Hon ME OF 28c. IN. IJURY M 1 atreat, fectory, office	LACE OF DEATH (C/r ne 5 Residence JURY AT JURY AT JURY 2 NO	PERFOI T YES : Total VES : T	NJURY OCCURI	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	BUE TO (DR AS DUE TO (DR AS d. BE CONTributing to death LOSPITAL: 1 Inpatient 2 = ER/Ou 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Sp	but not resulting	26. P OTHER: 4 Nursing Hon ME OF 28c. IN. IJURY M 1 atreat, fectory, office	LACE OF DEATH (C) ne 5 Residence JURY AT YES 2 NO ne e	PERFOI T YES: Seck only one) 8 Other (Specify) 2ad. OESCRIBE HOW I City or Town, Stete) to the cause(e) end mention, date end place, en	NJURY OCCURI	Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pure the transfer of the attending physician and completely filled in the line ment directly after this certificate has been signed by the attending physician and completely filled in the line ment directly after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or immort must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) FREDERICK	E MMANUEL		WILLIAM	IS .	2. DATE OF DEATH DO	*31 YEAR	3. TIME OF DEATH 01:56 PM	
	4. SOCIAL SECURITY NUMBER 216-14-7842	1 M 2 🗆 F	GE (In yrs. last birthday) O YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Pay, Year)	Cor	THPLACE (State or Foreign unity) OCK Hall, MI	
TOR	90. FACILITY NAME (If not institution, give NORTH ARUNDEL RESIDENCE OF DECEDENT		SOCIATION		N BURNIE		9c. COUNTY OF		
DIRECTOR	Maryland 106. COUNT	Kent	10c, CITY	ROCK				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	Haven & North Main Sts. POBox 103 21661 U.S.A								
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	R IN U.S. ARMED ES 2 NO R DATES	it yes, spe	ENDENT OF HISPAN	HC DRIGIN? (Specify Yes n, Puerto Ricen, etc.)	or No- 14, RA	ACE — American Indian, lack, White, atc. pocity: White		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 1 2	UCATION to completed) College (1-4 or 5 +)		usual occupation of done during most proting most maker	N at of working	16b. KIND OF BUS	ehem S	1	
SON	17. FATHER'S NAME (First, Middle, Last)		1001	maner	18. MOTHER'S NA	ME (First, Middle, Meiden		reel	
BE (Frederick Wi	lliams, J			Hild	la Yammer			
0	19a. INFORMANT'S NAME (Type/Print) Betty Ann Wi	illiama				Poute Number, City or Town			
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATED			k Hall,	MD 21	661	
	1					y 1/4 Ro	ck Hal	Town, State Kent Co	
	21. SIGNATURE OF FUNERAL SERVICE LI	Hellenhe	in	Tom	Helfenb Hall,	ein Fune	ral Ho	mes, PA	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	с	S A CONSEQUENCE OF):	H	rrhyt.	h miz	7	
	PADT ii Other significant condition	d							
4: MEDICAL	PART II. Other algnificant condition	is contributing to death	but not reauting in	the underlying	cause given in	Part i. 24a. WAS AN / PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Che	ock only one)			
IXSI	1 YES 2 NO		utpatient 3 DOA	-		6 Other (Specify)			
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a, DATE OF INJUR (Month, Day, Year) INJU	M 1 V		28d. DEŞCRIBE HOW IN	JURY OCCURED		
	3 Suicide a Could not be determined	28s. PLACE OF INJU building, etc. (S)	RY — At home, term, st pecify)	raet, tactory, offica		28f. LOCATION (Street a: City or Town, State)	nd Number or Rure	# Route Number,	
COMPLETED	2 MEDICAL EXAMINI	ICIAN: To the best of my kno	owledge, danth occurred tion and/or investigation	at the time, data a	and place, and due	to the cause(a) and mani- time, data and placa, and	ner as atated.	e(6) and manner ea stated,	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI-	0	Depo	144	DO C	BER 054	29d, DATE SIGNE	ED (Month, Day, Year)	
	WILLIAM JONES				MARYLAND	20711			
	JAN - 3 92	grana Davidson	NATURE N-Handell						

AND 21215-0020

BALTIMORE, MARY

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

91-37606

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFICA	ENT OF HE	ALTH AND DEATH	MENTAL HYGIEN REG. NO.		07004
	1. DECEDENT'S NAME (First, Middle, Last)	David Jose	eph Wilbu	rn		2. DATE OF DEATH NONTH Dec. 30	1991	AR 3. TIME OF DEATH221
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE		NTHS DAYS F	F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 12-30-	8. B	BIRTHPLACE (State or Foreign Country) MARYL AND
OR	90. FACILITY NAME (If not institution, give st UNIVERSITY H	I as A TEAL UI.	niversity Mospital	BALTII	LOCATION OF DI	EATH	BALT	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1	10c. CITY, TO	OWH OR LOCATIO	DN .			10d. INSIDE CITY
	Maryland Que	en Anne's	120	Steven		e		LIMITS? 1 YES 2 NO
BA	127 Worceste	r Road		101, Z	2166	:1		OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS (XX) Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 200	13. WAS DECEN	NDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during most of	of working	16b. KIND OF BUS	I BINESS/INDUSTI	
MP	17. FATHER'S NAME (First, Middle, Last)		r	n/a				
	Ronald Wilbur	rn		l '		ie Dupa	Sumeme)	
TO BE	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	DRESS (Street and		Route Number, City or Town	n, State, Zip Code	0)
	Ronald L. Wi		127 Wc	orcest	er RD,	Stevens	ville,	MD 21666
	20s. METHOD OF DISPOSITION X Durist 2 Cremetion 3 Remo 4 Donetion 5 Other (Specify)		metery, crematory or other p			DATE 20c. LO	CATION - City of	or Town, State QA CO.
	21. SIGNATURE OF FUNERAL SERVICE LICE	Helent	tevensvil	Tom 1	ADDRESS OF FA Helfen	CILITY	eral H	lomes, PA
CEMIIFICATION	23. PART I. Enter the diseasea, property of the course of	a. SEPS DUE TO (OR AS DUE TO (OR AS PREMA	A CONSEQUENCE OF): A TOPY A CONSEQUENCE OF):					Approximate Interval Between Onset and Death
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2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PLAC	CE OF DEATH (Ch	ack only one)		
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2 2	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK		260. DESCRIBE HOW II	DUNT OCCURE	Ь
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, stc. (Spe	Y — At home, ferm, street, scily)	, tectory, office		281. LOCATION (Street a City or Town, State)	nd Number or Ru	iral Route Number,
COMPLETED		CIAN: To the best of my known						ree(s) and manner as stated.
10 00	200. SIGNATURE AND TITLE OF CERTIFIER	they M.	4.		D-34	17-31		NED (Month, Day, Year) -30 -9/
	30. NAME AND ADDRESS OF PERSON WHO M. J. KELLY Z	COMPLETED CAUSE OF DE	ENE ST	N5W6	8 3:	ALTIMOR	EN	11 Z1201
	JAN - 3 92	32. REGISTRAR'S SIGN		6				

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IOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction

	1. DECEDENT'S NAME (First, Middle,)					2. DATE OF DEAT	DAY	YEAR	3. TIME OF DEATH		
	Clara		М		dvog	e1		12	13	91	3:15 ^A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest bi	MONTH	DER 1 YEAR	IF UNDER	MIN	7. DATE OF BIRT! (Month, Day, Ye	er)	8. BIRTH Countr	IPLACE (State or Foreign)
	212 - 30 - 8693	1 🗆 M 2 💢 F	91	YRS.				Oct. 1,	1900	Ger	many
	9a. FACILITY NAME (If not institution,	give street and number)		9b. CI	TY, TOWN	OR LOCATIO	ON OF DEAT	ГН	9c. CO	UNTY OF D	EATH
DIRECTO	Memorial Hos	pital at	Easton	Ea	Easton Talbot						
4EC	10a. STATE 10b. CO	DUNTY		10c. CITY, TOWI							10d, INSIDE CITY
	Maryland A	nne Arunda	1	Gler	Bur	nie					LIMITS?
FUNERAL	10e. STREET AND NUMBER					f. ZIP CODE			10g. Cl	TIZEN OF W	WHAT COUNTRY?
Ä	1059 5th Street					21060)		Un	ited	States
0	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				If yes, sp	CENDENT OF	n, Maxican,	ORIOIN? (Specif Puarto Rican, etc	y Yea or No-	Speci	- American Indian, c, White, etc. ly:
3	15. DECEDENT'S (Specify only highest			DENT'S USUAL			a	16b. KIND OI	F BUSINESS/IN		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	life De	NOT use retired	f.)	or or morning	v		Y7		
2	7th			Wife					Home		
	17. FATHER'S NAME (First, Middle, Las William B.	Sieg	man				ER'S NAME	E (First, Middle, Mi	aiden Sumeme)	_	Abby
8	19a. INFORMANT'S NAME (Type/Print)			ANI INO ADODE	100 (Om of						1003
임	Chester W. Wald							Tarnin			FLA 34689
	20a. METHOD OF DISPOSITION		20b. PLACE AND				. ive,		LOCATION -		
	1 Buriel 2 X Cremetion 3 4 Donation 5 Other (Specify)	Remof-' >th_State	cemetary crema Capito	tory or other plac	ol lo		rices	2	over,		
	21. SIGNATURE OF FUNERAL SERVICE		146					al Home			
	James H	Barton,	28.					, Centr		. MD	21617
	23. PART L Priter the diseases.	2.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	at Aquiald the death	. Do not out							
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- 1		ure. List only one ca	use on each line.	DO HOL BIN	er tria mo	do or dyn				-	Interval Betw
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BALTIMORE, MAINLAND 21215-0020	irs after death. Page 6 may be retain it by the his pur or attending physician.	in by the funeral director, page 5 show the netable of use as the burial-transit permit. Pages 1, 2, 3 should removal.	edical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain in the law requires that the law requires the law requires the law requires the law requires that the law requires the law requir	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shour, be netables for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	RTMENT OF HE			HYGIENE REG. NO.	,,		0
1. DECEDENT'S NAME (First, Midd	le, Last)	2. DAT				TE OF DEATH 3. TIME OF DEATH			
MAR	Y ELIZ	ZABETH	WILSO	N	1 2	1.2	9 1	5:01	D M
4. SOCIAL SECURITY NUMBER 2 2 0-07-3 90. FACILITY NAME (If not institution)	58040 W = 124	AGE (In yrs. last birthday) VRS.		F UNDER 24 HRS.	7. DATE OF (Month, D	BIRTH Day, Year) 27-19	8. BIRT 23 B	THPLACE (State or For	_
Memorial Ho	spital at E		Easton				Talbo	t	
	seen ans	10c. GT	TADOM 101. Z	will IP CODE	v	1	og. CITIZEN OF	10d, INSIDE CITY LIMITS? 1 YES 2 IN	No
11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	EVER IN U.S. ARMED		DENT OF HISPAN			No- 14. RA	CE — American India	n,
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 TES 2	ty Cuben, Mexical NO Specify	r.	IND OF BUSINE	123	lack	
(Specify only high Elementary/Secondary (0-12)	eal grade completed) Cutlege (1-4 or 5+)	in Do soft a	borer		0	om	estic		
WEORMANT'S NAME (ProsP)	lilson	19b. MAILING	G ADDRESS (Speet and	Number or Rural I	11/	Iter	ename) Luca - itele, Zio Code)	Wiln	n
200. METHOD OF DISPOSITION	Mils	20b. PLAGE AND DATE	OF DISPOSITION (Name	1213	- DATE	209. LOCAT	om	Town, State	nd.
1 Describer 2 Cremation 3		come gry crematory or o	and le	melar	12 18	The state of	asm	wille :	201
21, SIGNATURE OF FUNERAL BEF	VICE LICENSEE	0)	P.U. B	ADDRESS OF FA	OLITY BE	mie	Smit C. Mis	7- Selus	Les 13
23. PART I, Enter the disease	ee, or complications that of	aused the death. Do	not enter the mode	of dying, suc	h as čardia	c or respirat	ory srreat,	Approximation interval B	
IMMEDIATE CAUSE (Finei disease or condition resulting in death)	8	24	1CV.L	٦				Onset and	
Sequentially list conditions,	b	R AS A CONSEQUENCE O	apter !	Well	itus			5ys	_
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	< c.	R AS A CONSEQUENCE O	DF):						
PART II. Other significant of	anditions contributing to de	eeth but not resulting	in the underlying o	cause given in		4a. WAS AN AU PERFORME	D?	Ib. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C OF GEATH?	AUSE
					-			1 YES 2 P	10
25. WAS CASE REFERRED TO ME	DICAL		26. PLA	CE OF DEATH (Ch	eck only one)				
EXAMINER?	HOSPITAL:	R/Outpatient 3 XDOA	OTHER: 4 Nursing Home			Specify)			
27. MANNER OF DEATH	28e. DATE OF IN	JURY 28b, TIA	ME OF 28c. INJUR	Y AT		RIBE HOW INJU	JRY OCCURED		
Merchan 2 Laudi	Ing (Month, Day, Itigation	(Month, Day, Year) INJURY WORK? 1 YES 2 NO			THE STATE OF THE S				
						28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
	RG PHYSICIAN: To the best of m							(s) end menner as a	eted.
29b. SIGNATURE ND TITLE OF C	Jan R Smith for D				ENSE NUMBER 29d. ▶			1. DATE SIGNED (Month, Bey, Year)	
30. NAME AND ADDRESS OF PER 31. DATE FILED (Month, Day, Year)	R. Jm	11.11	e, Print)						
DEC 1 7 '91	32. REGISTRAR	S SIGNATURE							

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GIENI	9.	/	376	09
ATH DA		YEAR	3. TIME OF DE	ATH
2	6	9/	955	AM
TH bar)		8. BIRTH	IPLACE (State or	Foreign
91	7	Bru	nswick,	MD
		eder:		

act not for use as the bunial-transit permit. Pages 1, 2, 3 should

he sital or attending physician. AND 21203-3146

BALTIMORE ours after death. Page 5 m

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the strength of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of time of the time of tim

TO BE COMPLETED BY PHYSICIAN MEDICAL CERTIFICATION

	Cleo	CIEO PO	shaer	5eo		Cun		MONTH 12	24	9	EAR /	9.55A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (n yrs. les	t birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)	1.	BIRTHPLAC	CE (State or Foreign
	216-22-7876	1 M 2 XF	74	YRS.	MONTHS	DAYS	HOURS MIN.		3/1917			vick, MD
	Sa. FACILITY NAME (If not institution, give si						R LOCATION OF D	EATH		9c. COUNTY		
5	11 West "F" Stree	et			Bri	ınsw:	1CK			rrea	eric	
3	10a. STATE 10b. COUNTY	1		10c, CIT	Y, TOWN C	OR LOCAT	ION				10d	. INSIDE CITY
	Maryland Frede	erick		Br	unsw:							TYES 2 NO
	100. STREET AND NUMBER 11 West "F" Street	et.				101	21716			10g. CITIZEN	USA	COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED			ENDENT OF HISPA			or No- 14.	RACE - /	American Indien,
	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W					2 NO Spec		can, etc.)			White
3	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DE	CEDENT'S	USUAL O	CCUPATIO	DN st of working	16b. I	KIND OF BUSI	NESS/INDUS	TRY	
	Elementery/Secondary (0-12)	College (1-4 or 5+)	//de	Do NOT u	se retired.)	during inc	at or worning					
	10		Ow	ner					ty Res		nt	
3	17. FATHER'S NAME (First, Middle, Lest)	imaa					16. MOTHER'S N			lumeme)		
2	Robert Welton Gr. 19a. INFORMANT'S NAME (Type/Print)	Tilles	198	b. MAILING	ADDRES	S (Street =	Nan E.	Ridg		State 7in Co	rde)	
2	Billie Fave Fawl	ev					k Street					16
	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPO			netery, cremetory or			ATION — City		
	1 S Buriel 2 Cremation 3 Rem 4 Donation S Other (Specify)	oval from State	other pla		eigh	ts C	emetery		Brur	nswick	, MD	
	21. SIGNATURE OF FUHERAL SERVICE LIC	ENSEE /	11.				D ADDRESS OF F		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Homo		
	Barbara A. Wi	lliams, F	uneral	Dir.			etersvil					D 21716
	23. PART I. Enter the diseases, or cahock, or heart failure.											Approximate
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)		OM ET		(F):	car	ices.					Onset and Death
	Sequentially list conditions,	b	OR AS A CONSEC	DUENCE O	El-					-		
	If any, leading to immediate cause. Enter UNDERLYING				. ,.						j	
	CAUSE (Disease or injury thet initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	OUENCE O	F):							
	resulting in death) EAST	d										
	PART II. Other aignificant condition	e contributing to	daath but not r	esulting	in the u	nderlying	cause given in	Part I.	24a. WAS AN			RE AUTOPSY FINDINGS
									PERFORI	v	COI	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
									/			YES 2 NO
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DEATH (C	heck only one)			
	1 YES 2 NO	1 Inpatient 2 I			4 🗆 Nu	rsing Hom	e 8 X Residence					
	Natural 5 Pending	28e. DATE OF (Month, De		28b. Till IN.	JURY M		PRK?	28d. DESC	CRIBE HOW IN	JURY OCCUP	RED	
2	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	INJURY At ho atc. (Specify)	me, farm,	atreet, fac	tory, offic	•	28f. LOCA City o	TION (Street ar Town, State)	nd Number or	Rural Route	Number,
	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of	my knowledge, de	ath occur	red at the	time, date	and piece, and de	e to the neur	efa) and men	ner as stated		
THE STATE OF	Total Control of the	R: On the basis of ex										d manner as stated.
2	296. SIGNATURE AND TITLE OF CERTIFIES	m m	D				29c. LICENSE NI	MBER	3	29d. DATE S	IGNED (Mo	nth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	112	E OF DEATH UTE	M 27) (Type	, Print)		3000	ich	10	2.	7/1	0///
	31. DATE FILED (Month, Day, Year)	32_REGISTRAI	R'S SIGNATURE	11	16	7	STUNIV	ICK	111	1 dl	110	`
	JAN 2 1992		vidson-Ran	dell								

Add. Info. FilmG685 3/20/92 kam/wh other info.

1. DECEDENT'S NAM	E (First, Middle, Last)							E OF DEATH			3. TIME OF DEATH
JAMES		N.		J	AROBI		1	5"	13	91	11:52 P
4. SOCIAL SECURITY	I HILLIAM		6. AGE (In yrs. last		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	E OF BIRTH	T	8. BIRTH	PLACE (State or Foreign
579-76-		1,	48	YRS.	THE DAYS	HOURS MIN.		/07/43		Country	,
Sa. FACILITY NAME (96	CITY, TOWN	OR LOCATION OF			9c. COUNT		
Prince G	eorge's (General Ho	spital			Chever	ly		Prin	ice (George's
10a. STATE	10b. COUNT	TY		10c. CITY, TO	WN OR LOCA	TION					10d. INSIDE CITY
Marylan	d			Balt	imore					- 1	LIMITS?
10e. STREET AND NU	JMBER					. ZIP CODE			10g. CITIZI	EN OF W	HAT COUNTRY?
	316 Good	now Road				21206					
11. MARITAL STATUS 1 Never Married	2 Married		YES 2 NO	D D		CENDENT OF HISP secify Cuban, Mexic			s or No-	14. RACE Black,	- American Indian, White, etc.
3 Widowed 4		IF YES, GIVE WA	AR OR DATES		1 TYES	2 NO Spec	illy:			Specifi	lack
(Sne	is. DECEDENT'S EOU	UCATION	16a, DEC	EDENT'S USU	AL OCCUPATI	ON	16	b. KIND OF BU	JSINESS/INDU		Iack
Elementary/Secon		College (1-4 or 5+)		e kind of work Do NOT use ret			100		**********		
				Caxi c	ab dr	ver		Chec	ker C	ab.	Asso.
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First,	Middle, Maide	n Surneme)		
19a, INFORMANT'S N	AME (Type/Print)		196.	MAILING ADD	ORESS (Street	and Number or Rura	l Route Nun	nber, City or To	wn, State, Zip C	Code)	
20a, METHOD OF OIS	SPOSITION		20b. PLACE AN								
1 Burial 2 Cr 4 Donation 5		novel from Stale	cemetery, crem	natory or other t	olace)		OA:	TE 20c. L	DCATION — CI	ity or Tov	rn, Steta
21. SIGNATURE OF FI			I weste	ern St		metery	ACILITY				
23. PART I. Enter shock IMMEDIATE CAUS disease or conditions in death	; or neert fellure. E (Finel Ion	complications that List only one caus	e on each line.		enter the mo		ch ee cer	rdiec or rees	piratory arre	at,	
IMMEDIATE CAUS disease or condit resulting in death Sequentially list of if any, leading to cause. Enter UND	conditione, immediate	Chest ir DUE TO (e on each line.	With d	enter the mo	ode ot dyling, su	ch ee cer	rdiec or rees	piratory arre	at,	Intervel Between
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SHOCK IMMEDIATE CAUS disease or condit resulting in death Sequentielly list of eny, leeding to cause. Enter UND CAUSE (Disease of their initieted even resulting in death PART II. Other sig 25. WAS CASE REFER EXAMINER?	conditione, immediate ERLYING or injury its) LAST IREO TO MEDICAL NO	e. Chest in DUE TO (() b. DUE TO (() c. DUE TO (() d	OR AS A CONSECUTION OF AS	UENCE OF): UENCE OF): UENCE OF): Suiting in the open of the open of the open open open open open open open ope	e underlyin 26. Pi HER: Nursing Hon 28c. IN.	d cardic (unpend g ceuse given in	Part I.	24e. WAS AI PERFO	1) NAUTOPSY RMED? 2 NO	24b.	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF OCATH?
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SHOCK IMMEDIATE CAUS disease or condit resulting in death sequentially list of eny, leading to cause. Enter UND CAUSE, Disease of their initiated even resulting in death sequentially in death sequentially in their signal sequential	conditione, immediate ERLYING or injury its) LAST EREO TO MEDICAL NO TH 5 Pending investigation 6 Could not be determined CERTIFYING PHYS	e. Chest in DUE TO (6) b. DUE TO (6) c. DUE TO (6) d	DIVIES IN THE STATE OF AS A CONSEOUR AS A CO	UENCE OF): UENCE OF): UENCE OF): Suiting in the open of the occurred at the	26. PI. Way the time, dela	de of dying, sure de cardic (unpend (unpend grouse given in LACE OF DEATH (Company AT PES 2 NO mand place, and due a	Part I. Part I. 28d. DE Dri 28f. Loo City Wash.	24a. WAS AI PERFO 1 X YES SCRIBE HOW VER IN CATION (Street or Fown, State ington	NAUTOPSY RMED? 2 INJURY OCCU AUTO/ and NOTE Pkwy	Filod & S	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSIOF OEATH? 1 X YES 2 No ed Object of Powd., Md.
SHOCK IMMEDIATE CAUS disease or condit resulting in death sequentially list of eny, leading to cause. Enter UND CAUSE, Disease of their initiated even resulting in death sequentially in death sequentially in their signal sequential	Conditione, immediate ERLYING or injury its) LAST IREO TO MEDICAL NO TH 5 Pending investigation 6 Could not be determined CERTIFYING PHYS	e. Chest ir DUE TO (6 b. DUE TO (6 d. DUE	DIVIES IN THE STATE OF AS A CONSEOUR AS A CO	UENCE OF): UENCE OF): UENCE OF): Suiting in the open of the occurred at the	26. PI. Way the time, dela	de of dying, such decardic (unpend (unpend grouse given in the such decay and during and place, and during at the seath occurred at the course of the seath occurred at the course of th	Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I.	24a. WAS AI PERFO 1 X YES SCRIBE HOW VER IN CATION (Street or Fown, State ington	NAUTOPSY RMED? 2 NO INJURY OCCU auto/ and Nobert	PARED (FIX) & S	were autopsy findin and manner as stated
Sequentially list of eny, leading to cause. Enter UND CAUSE (Disease of that initiated even resulting in death PART II. Other sig 25. WAS CASE REFER EXAMINER? 1 Netural 2 Accident 3 Sulcide 4 Homicide 29e. CERTIFIER (Check only one) 2 MASSIAN 1	Conditione, immediate ERLYING or injury its) LAST IREO TO MEDICAL NO TH 5 Pending investigation 6 Could not be determined CERTIFYING PHYS	e. Chest in DUE TO (6) b. DUE TO (6) c. DUE TO (6) d	DIVIES IN THE STATE OF AS A CONSEOUR AS A CO	UENCE OF): UENCE OF): UENCE OF): Suiting in the open of the occurred at the	26. PI. Way the time, dela	de of dying, sure de cardic (unpend (unpend grouse given in LACE OF DEATH (Co. 6 Residence pury AT PKS 2 NO a leath occured at the 29c. LICENSE NU	Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I.	24a. WAS AI PERFO 1 X YES SCRIBE HOW VER IN CATION (Street or Fown, State ington	NAUTOPSY RMED? 2 NO INJURY OCCU auto/ and NOTO Pkwy Inher as state and due to the	Fixo & S. CO cause(s)	were autopsy findin Mailable Prior to Completion of Causi of Object of Object of Powd Morith, Day, Year)
SHOCK IMMEDIATE CAUS disease or conditions of the condition of the cause of the initiated even resulting in death of the initiated even resulting in death of the initiated even resulting in death of the initiated even resulting in death of the initiated even resulting in death of the initiated even resulting in death of the initiated even resulting in death of the initiated even resulting in death of the initiated even resulting in death of the initiated even resulting in death of the initiated even resulting in the initiated even resulting in the initiated even resulting in the initiated even resulting in the initiated even resulting in the initiated even resulting in the initiated even resulting in the initiated even resulting in the initiated even resulting in the initiated even resulting in the initiated even resulting in the initiated even resulting in the initiated even resulting in the initiated even resulting in the initiated even resulting in the initiated even resulting in the initiated even resulting in the initiated even resulting in the initiated even resulting in death of the initiated even resulting in death of the initiated even resulting in the in	Conditione, immediate ERLYING or injury its) LAST IREO TO MEDICAL NO TH 5 Pending Investigation 6 Could not be determined CERTIFIE OF CERTIFIE ESS OF PERSON WE	e. Chest in DUE TO (6) b. DUE TO (6) c. DUE TO (6) d	DILITIES IN OR AS A CONSEOL OR AS A CONSEOL OR AS A CONSEOL Geath but not rei ER/Outpatient 3 C NJURY (, Year) 3 — 91 1 INJURY — All hom tc. (Specify) publi my knowledge, deat	UENCE OF): UENCE OF): UENCE OF): Suiting in the open of the occurred at twestigation, in	e underlyin 26. Pi HER: I Nursing Hon 28c. IN. WC 1	de of dying, such decided of dying, such decided of dying, such decided of dying and dying and dying and place, and dying and place, and dying and place, and dying and place, and dying and place, and dying and place, and dying and place, and dying and place, and dying and dyi	Part I. Theck only of a office of the tage of tage of	24a. WAS AI PERFO 1 X YES 24a. WAS AI PERFO 1 X YES OF (Specify) SCRIBE HOW VET IN CATION (Street or Rown, Street in gton	INJURY OCCU	Z4b. Z4b. Fix(C) & S COUSS(S) SIGNED (1) 10-1	were autopsy findin and manner as stated

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygnene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21218-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE IS NOT THE WHAT THE

Add. Info. FilmG685 3/20/92 kam/wh other info.unk.

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI	MENT OF HEALT	H AND MENT	AL HYGIENE REG. NO.	91-	37610
1. DECEDENT'S NAME (First, Middle, Last JAMES	N.		JAROBI		E OF DEATH	3 9 T	3. TIME OF DEATH 11:52 P
4. SOCIAL SECURITY NUMBER 579-76-2544	15 M 2 □ F	48 YRS.	ONTHS DAYS HOURS	MIN. (Mo)	E OF BIRTH nth, Day, Year) /07/43	Cou	THPLACE (State or Foreign intry)
90. FACILITY NAME (If not institution, given Prince George's RESIDENCE OF DECEMENT			ch	everly		Prince	George 's
Prince George's RESIDENCE OF DECEDENT 10a. STATE 10b. COUN Maryland	ПҮ		timore				10d, INSIDE CITY LIMITS? 1—YES 2 NO
	now Road		101. ZIP CO 21	206		10g. CITIZEN OF	WHAT COUNTRY?
10e, STREET AND NUMBER 5316 GOOD 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	13. WAS DECENDENT If yee, specify Cui 1 YES 2 N	ben, Mexicen, Puerte		Spe	CE — American Indian, ack, White, atc.
15. DECEDENT'S EL (Specify only highest gre Elementary/Secondary (0-12)	DUCATION de completed) College (1-4 or 5+)	Ilfe. Do NOT use r	k done during most of wor	king	Check	ESS/INDUSTRY	Asso.
17. FATHER'S NAME (First, Middle, Last)				THER'S NAME (First			
199. INFORMANT'S NAME (Type/Print) 20a. METHOD OF DISPOSITION			DDRESS (Street and Numb				
1 SIGNATURE OF FUNERAL SERVICE	moval from State	ob. PLACE AND DATE OF smelery, cremetory or other Western S		ry	TE 20c. LOCA	TION — City or	Town, State
•			Willie P	arson Fu	neral H	ome	
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	A CONSEQUENCE OF): A CONSEQUENCE OF):	(un	pended 1	1-13-91)		
PART II. Other algorificent condition	ona contributing to death	but not resulting in	the underlying cause	given in Part I.	24a. WAS AN AI PERFORM 1 X. YES 2	ED?	4b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				DEATH (Check only	one)		
1 X YES 2 □ NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 X ER/Ou 26e, DATE OF INJURY	itpatient 3 🗆 DOA 4	THER: Nursing Home 5 28c. INJURY AT		ver (Specify)	NEW COOLINES	
1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) 10-13-9	INJUR	WORK?	⊠ No Dri	ver in a	auto/fi	xed object
4 Homicide determined	building, etc. (Sp	public roa	dway	Wash	ington :	Pkwy &	Mound Baltim S. of Powde Co., Md.
one) 2 M MEDICAL EXAMI	NER: On the basic of commitment	ion end/or investigation,	In my opinion, death occ	ured at the time, de	te and place, end	due to the ceuse	e(e) end manner ee stated.
30. NAME AND ADDRESS OF PERSON'N	/HO COMPLETED CAUSE OF	H M		CME		▶ 10-	ED (Month, Day, Year) -14-91
Mario F. Golle,	1.0	111 Penn	Street E	Baltimore	, MD 21	201	JED 3/16/92
MAR 19 1992	Julia Davidson						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending. To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the left with the State Dept. Of Health and Mental Hygiene prior to build, cremation, or removal.

BALTIMORE, MARYLAND 2121

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

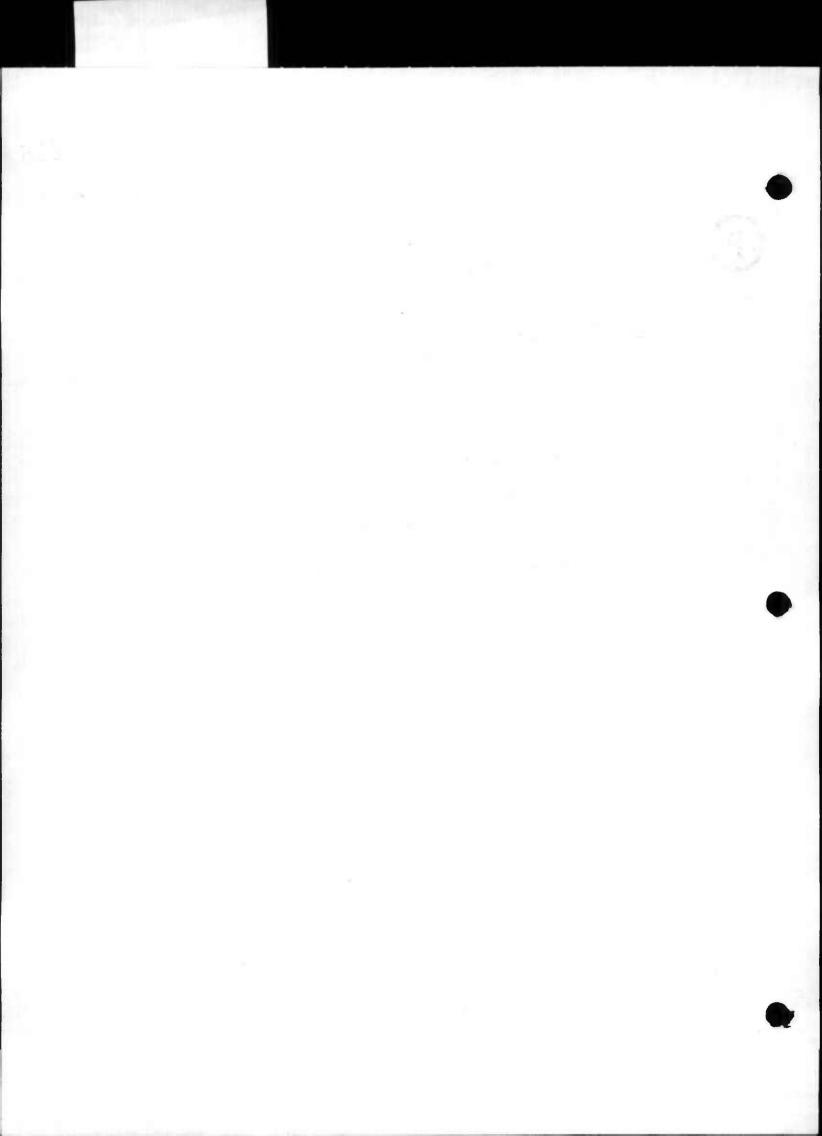
DHMH-16 Rev 1/89

FOR STATE REGISTRAR

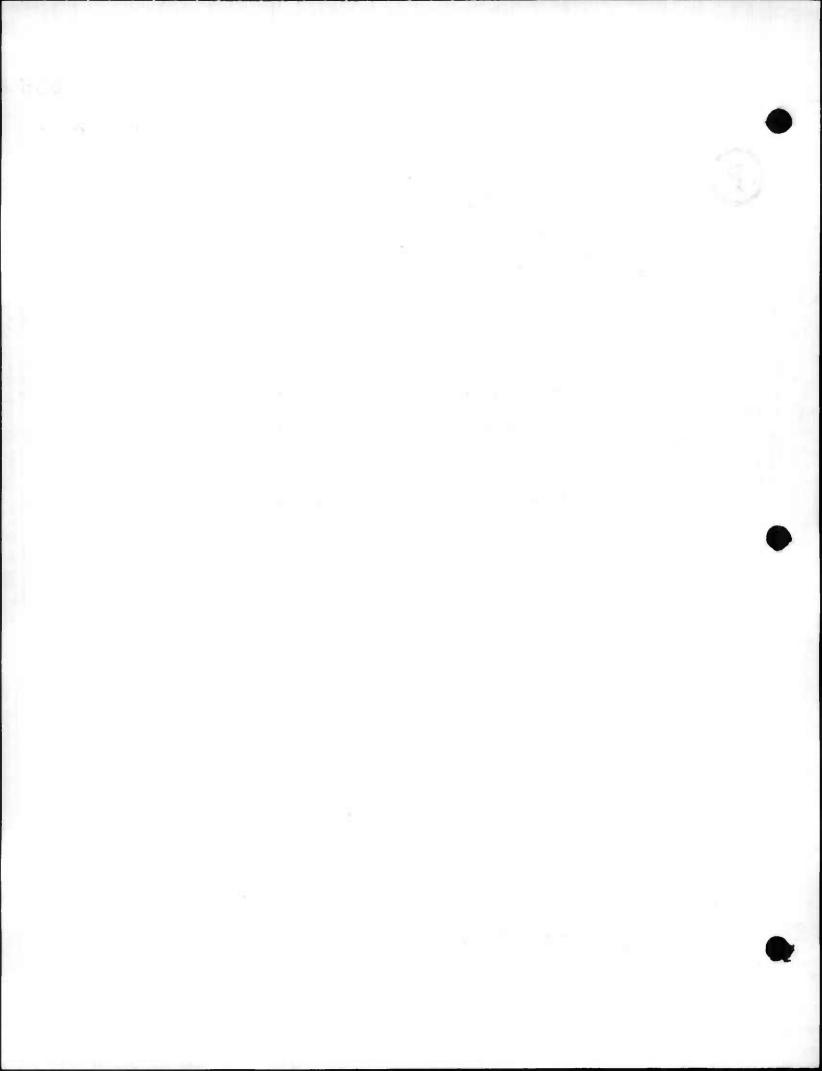
1. OECEDENT'S NAME (First, Middle, Last)

	1. OECEDENT'S NAME (First, Middle, Lest)	_						2.	DATE OF DEATH	AY	YEAR 3.	TIME OF OEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs, Ia	-0 6/-06-03			1		Dec 19	1 /	991 -	1.90
	171 30 1546	1 M 2 F	o. AGE (m yrs, ra	YRS.	MONTHS	DAYS	HOURS :	MIN.	DATE OF BIRTH (Month, Day, Year)		B. BIRTHPL.	ACE (State or Fore
	9a. FACILITY NAME (If not institution, give	street and number)	66		9b. CITY	TOWN	OR LOCATIO	N OF DEATH	(pril 11, 1	90 COUN	TY OF DEAT	CHIAnd
	Washington 1	County 1	Us oital	/	1/2		form			7	shing	1
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		7	I COLLON	1777					0.077	1	
our contract	11. E	Ilm		10c. CI	ry, town (4 .					LIMITS?
- 1	10e. STREET AND NUMBER	1454			11-0	nne	1. ZIP CODE	ung		10a CITI		T COUNTRY?
FUNERAL	5. Third	1 54					172	733		//	150	ar cooktair
5	11. MARITAL STATUS	12. WAS DECEDE FORCES?	NT EVER IN U.S. AI						ORIGIN? (Specify Ye	or No-	14. RACE -	American Indian
5	1 Never Married 2 Married 3 Widowed 4 Divorced		1 YES 2 T	NO		YES	2 ⊟¹NÓ	Specify:	uerto Rican, etc.)		Specify:	o / '/
	15. DECEDENT'S EDU	JCATION	16a. DI	ECFOENT'S	S USUAL O	CUPATI	ON		16b. KIND OF BU	SINESS /IND	LETON	Kite
	(Specify only highest gradi Elementary/Secondary (0-12)	e completed) College (1-4 or 5	(0		work done		ost of working	g	100. KIND OF BO	1 NESS/IND	/ /	
	10		LA	und	ry	Del	ker		Hosp	ital	LA.	undry
COMPLEIED	17. FATHER'S NAME (First, Middle, Last)	, 0 ,			1		18. MOTH	ER'S NAME	(First, Middle, Malden	Sumame)	.,	
מנו	NATHAN H	Kub	eck				(CEA	Loret	A	Knah	le
2	19a. INFORMANT'S NAME (Type/Print)	01	/ 19	b. MAILING	G AOORES	(Street	and Number	or Rural Rout	Number, City or Tow	m, State, Zip	1	
	20a. METHOD OF DISPOSITION	Kubeca	£ (0/ 3	11/1	7/10	37	10117	15 50 1-6	Mi		1713
	1 Burial 2 Cremation 3 Ram 4 Donation 6 Other (Specify)	noval from Stata	20b. PLACE cemetery, cri	ematory or o		ITION (N	ame of	i	DATE 20c. LO	CATION —	alty or Town,	State /21/
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	FRIC	new	22.	NAME A	NO ADDRES	S OF FACILI	TY XE	Edigin	110	M
	×1/2, 10	1			1	1	1	,	-11	ml		/ /
	23. PART I. Enter the diseeses, or	or living	nd navered the st		Se	150 -	Come	leus 1	t. H. /	11-60	nne/k	Approxima
z	IMMEDIATE CAUSE (Final disease or condition resulting in desth)	a. OUE TO	ardiogo O (OR AS A CONSE Cengest	MIC OUENCE O	8h hea	ock	faik	lure	and the second s			Onset and
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	O (OR ASCA CONSE MY DCC O (OR AS A CONSE	and a	ial	en	far	ch	ian			
Ä	resulting in death) LAST	d										
	PART II. Other algnificent condition	na contributing t	o death but not	resulting	In the ur	derlyln	g cause g	iven in Par	t i. 24a, WAS AN			ERE AUTOPSY FIN
MEDICAL	_ diab	ells or	rellih	10					PERFO		CC	NILABLE PRIOR 1 OMPLETION OF C DEATH?
2												YES 2 N
ä		,										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	t:		ATH (Check			_	
Ž	1 TYES 2 NO 27. MANNER OF DEATH	28a, DATE O	ER/Outpetlant 3	28b. TIN			URY AT	7	Other (Specify)	N HIRV OCC	IIDEO	
	Netural 5 Pending		Day, Year)	IN.	JURY M	WC	PRK? YES 2 🗌		a. DEGOTIOE HOW	NOONI OCC	ONED	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE	OF INJURY - At he	ome, farm,	street, fact	ory, offic		26	f. LOCATION (Street	and Number	or Rural Rout	e Number,
<u> </u>	4 Homicide datarmined	Dullolling	y, and (opocny)					_	City or Town, State)			
곱 [29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of	of my knowledge, de	eath occurr	red at the t	me, data	and place,	and due to I	he cause(a) and ma	nner as atete	d.	
COMPLETED	one) 2 MEDICAL EXAMINI											nd manner as st
	296. SIGNATURE AND TITLE OF CERTIFIE		.a.l.		λ			NSE NUMBEI				onth, Day, Year)
O BE	Bun	Noule	vary	, M	1)		72	02	33	13	1/19	2
2	30. NAME AND ADDRESS OF PERSON WI	D COMPLETED CAL	USE OF DEATH (ITE	M 27) (Type	Print)		, 11	6	HAGERS	TO	41 44	12171
	DAILUTA GULT	VAICE!	11.1	114	UAK	HI	LLAV	-, 1	THO EN	IUW,	M	V2114
	APR 0 1 199	32. REGISTR	AR'S SIGNATURE	Rend	il.							
	APR 01 199	16 00		· Lan								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



		1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEATH	TAL HYGIENE REG. NO.	91-37613
			ATE OF DEATH DAY	YEAR 3. TIME OF DEATH 1991 3: 40 A M
(SD	\	171 30 1546 1 M 2 PF 62 YRS. MONTHS DAYS HOURS MIN. AL	ATE OF BIRTH fonth, Day, Year)	8. BIRTHPLACE (State or Foreign Country) Maculand
	NO.	90. FACILITY NAME (If not institution, give street and number) Ounty Hospital Hagers from Hagers from	9	CUAShing for
- Bages	DiRECT	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION Manual Shure		10d. INSIDE CITY LIMITS? 1 → YES 2 NO
020 physician. burlal-transit permit.	AL.	10e. STREET AND NUMBER 101. ZIP CODE 17233	1	Ing. CITIZEN OF WHAT COUNTRY?
5-0020 nding physician.	BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Merried 1 VES 2 NO Specify: 11. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO II yes, specify Cuben, Mexican, Pue 1 YES 2 NO Specify:		
2121 al or atte for use	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Cottege (1-4 or 5+) Cottege (1-4 or 5+) Cottege (1-4 or 5+)	Hespit	ESS/INDUSTRY
YLA by the be del	BE CON		rat, Middle, Melden Sur Lore HA	Knable
MA retain 5 sho	70	190. INFORMANT'S NAME (TyperPrint) EAH M. Rubeck 6/5-MAIN St. BILLIE	56006	MJ. 21713
OR MA		1 □ Buriel 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) □ Cematical Company or other plage) FRICTED (Line Hery 12)	PELIGI Keed	TION - City or Town, State
- 97		* Kreen Correlins Kelse-Correlius F.	4. 1	Honnelkburg Pr
24 hours filled in lion, or re		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as a shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardioganc Shock	cardiec or respiret	Approximata interval Between Onset and Daath
P.O. BOX 687(the certificate be executed ending physician and companying the prior to burial, or other traumattic expenses.	CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Cardioganc Shock Due to (or as a consequence or): Cardioganc Shock Due to (or as a consequence or): Cardioganc Shock Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): d.	n	
RECORDS requires that the different signed by the of Health and Meritans any Injury	PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i	24a. WAS AN AU PERFORME 1 YES 2	ED? AMAILABLE PRIOR TO COMPLETION OF CAUSE
VISION OF VITAL IN ATTRIBUTION OF PHYSICIAN: The law ECTOR: After this certificate has by a safer death with the State Dept. 23 is marked, or item 23 is	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 POSPITAL: OTHER: 1 No SPITAL: OTHER: 4 Nursing Home 5 Residence 6 O OTHER:	,,	
NG PHYSICIA ther this certification with the marked, or	ВУ РНУ		DESCRIBE HOW INJU	JRY OCCURED
DIVISION OR ATTENDING DIRECTOR: After hours after death		3 Suicide 6 Could not be 26c. PLACE OF INJURY — At home, ferm, street, factory, office 28t. I	LOCATION (Street and City or Town, State)	Number or Rural Route Number,
DIV TO THE HOSPITAL OR A' TO THE FUNERAL DIREC be filed within 72 hours IMPORTANT: If Item	COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the medical		
TO THE HO TO THE FU be filed wii	TO BE C	296. SIGNATIURE AND TITLE OF CERTIFIER Pulivary, MD 296. LICENSE NUMBER D202-3	3	9d. DATE SIGNED (Month, Day, Year) 4/1/92
		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BAPURAO BULLVARTI, M.D. 1714 OAKHILLAVE, H	AGERST	TOWN MD21740
		APR 01 1992 32. RECOMPARY SIGNATURE		



BE

2

	1. DECEDENT'S NAME (First, Middle, Las Baby	Girl		Hart		2. DATE OF DEATH DATE OF A DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE OF DEATH DATE OF		3. TIME OF OEATH 3:55 p
\	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. last birt		TEAR IF UNDER 24 HRS. HOURS MIN	7. DATE OF BIRTH (Month, Day, Year) 3/16/91	8.	BIRTHPLACE (State or Forei Country) MD
TOL	9a. FACILITY NAME (If not institution, gived Washington Ad		oital	9b. CITY, TO	own or location of or Takoma Par		9c. COUNTY	of DEATH gomery
DIRECTO	10e. STATE 10b. COUN	PG	10	C. CITY, TOWN OR	LOCATION tville			10d. INSIDE CITY LIMITS? 1111 YES 2 N
	10e. STREET AND NUMBER	rG		rores	101. ZIP CODE		10a. CITIZEI	N OF WHAT COUNTRY?
H	2031 Brooks	Dr. #204			20747		USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If y	S DECENDENT OF HISPAN es, specify Cuban, Maxica YES 2 NO Specify	n, Puarto Rican, atc.)		. RACE — American Indian Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S El (Specify only highest pre Elementary/Secondary (0-12)		(Give k	DENT'S USUAL OCC kind of work done dur NOT use retired.)	UPATION ing most of working	16b. KINO OF BUS	SINESS/INDUS	STRY
N O	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Malden	Surname)	
BE C					Cherie	Hart		
TO B	19a. INFORMANT'S NAME (Type/Print) Robin Tull				Street and Number or Rural			
	20a. METHOD OF DISPOSITION 1	amoval from State	20b. PLACE OF I	DISPOSITION (Name	of cometery, crematory or disposal			y or Town, Btata
	21. SIGNATURE OF FUNERAL SERVICE				AME AND ADDRESS OF FA	CILITY		
	23. PART I. Enter the diseases, of shock, or heart failure.	or complications that cause.		. Do not anter ti	- made of duton and	h as cardiac or resp	Iretory arres	t, Approximat
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	NON-	NABL	E FET				Interval Bei Onset and
z	disease or condition			E FET				Interval Bet
ATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	OUE TO (OR a	NABL	E FET				Interval Bet
RTIFICATION	disease or condition resulting in death) Sequentially list conditions,	OUE TO (OR	N ABLE	E FET				Interval Bet
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5 Maidens Bower Ct. Potomac, MD 20854 33. REGISTRAS'S SIGNATURE

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

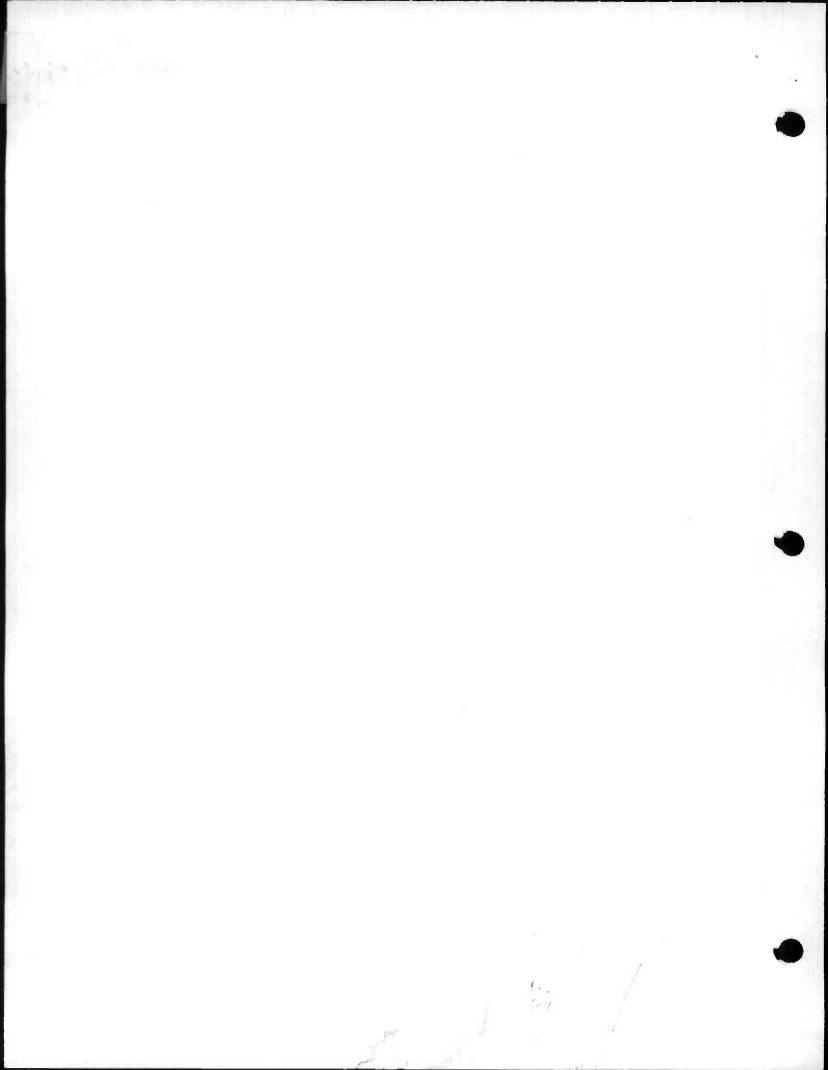
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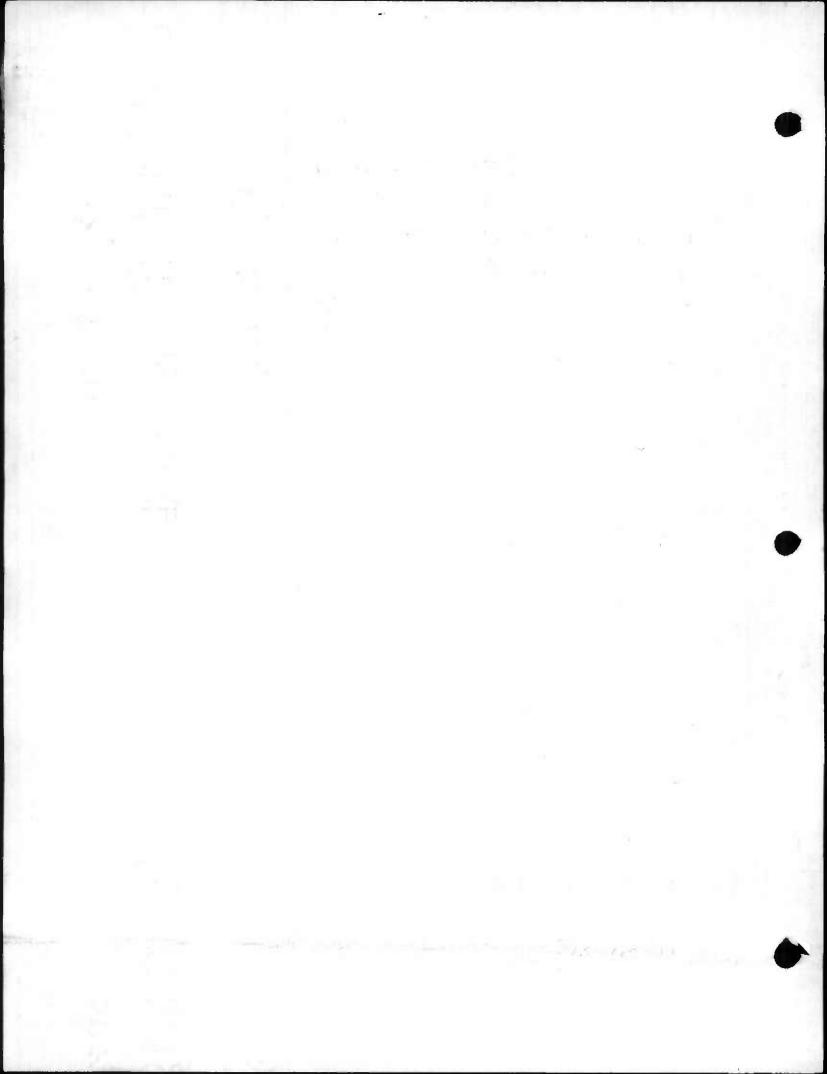
29c. LICENSE NUMBER



	1. DECEDENT'S NAME (First, Middle, Last	,	FICATE OF DEATH	2. DATE OF DEATH MONTH DA	Y Y	SAR 3. TIME OF
1	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. lage binhole) 1 - M 2 F F Acy BYRS.	MONTHS DAVE MOURS MIN	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State Country)
тов	Shai Hospita RESIDENCE OF DECEDENT	of Baltmore	8 Baltimore	EATH	8c. COUNTY Ba	Hymorp 1
- DIREC	10s. STATE 10b. COUN		Baltimore 101. ZIP CODE		40. 0/7/75	10d. INSIDE LIMITS 1 YES
FUNERAL	11 MARITAL STATUS 1 Never Merried 2 Merried	P.C. Apt. C. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATE!	13. WAS DECENDENT OF HISPA If yes, speelfly Cuban, Moxik 1 YES \$\frac{1}{2} \n O \text{Spec}	an, Puerto Rican, etc.)	Ung	S. A. RAGE — America: Black, White, etc. Specify:
ETED BY	3 Widowed 4 Divorced 15. DECEDENT'S EI (Specify only highest green specified on the specified of the specified on the specif	DUCATION 18e. DECEDENT (Give kind	T'S USUAL OCCUPATION of work done during most of working true retired.)	18b. KIND OF BUS	SINESS/INDUS	D/2
COMPLI	17. FATHER'S NAME (First, Middle, Last)	Contage (1- of 3-4)	18. MOTHER'S N	AME (First, Middle, Maiden	Surneme)	
TO BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILI	ING ADDRESS (Street and Number or Rura	I Route Number, City or Town	n, State, Zip Co	ode)
	20e. METHOD OF DISPOSITION 1 Grant Burlel 2 Cremetion 3 Re 4 Donetion 8 Grant Other (Specify)		ATE OF DISPOSITION (Name fory or other place)	3 DATE 20c. LO	CATION — CIT	y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	22. NAME AND ADDRESS OF		100	
. 6	DIMA	Hosn Doc	SINA / HOS	27N 24	olw.	Bolussa
	23. PART i. Enter the diseeses, D	e. List only one cause on each line. NONVIAGLE DUE TO (OR AS A CONSEQUENCE	o not enter the mode of dying, so	ch aa cerdiac or reapi	ratory arrea	
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MPLETED BY PHYSICIAN: MEDICAL CE	23. PART I. Enter the diseasea, Dahock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in the condition of the condit	DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A	28. PLACE OF DEATH (A 4 Nursing Home 5 Residence TIME OF INJURY AT INJURY M Types 2 No orm, street, factory, office	n Part I. 24e. WAS AN PERFOI 1 YES 2 Check anly one) 8 Other (Specify) 28d. DESCRIBE HOW City or Town, State us to the cause(e) and ma	I AUTOPSY RMED? 2 NO INJURY OCCU	24b. WERE AUTO ANALABLE COMPLETE OF DEATH? 1 YES
BY PHYSICIAN: MEDICAL CE	23. PART I. Enter the diseases, pahock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions in the cause of the cause o	DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE C. DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE C. DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUE	o not enter the mode of dying, succession of the mode of dying, succession of the mode of dying, succession of the mode of dying, succession of the mode of the mo	n Part I. 24a. WAS AN PERFOI 1 YES 2 Check only one) 8 Other (Specify) 28d. DESCRIBE HOW 28d. DESCRIBE HOW 28d. DESCRIBE HOW 38d. DESC	AUTOPSY RMED? 2 NO INJURY OCCU	24b. WERE AUTO ANALABLE COMPLETE OF DEATH? 1 YES

03513637-7065

DEFENT ADVISELL DECED & MD



LAND 21203-3146

Page 6 may be ret BALTIMORE, M.

urs after death. executed within BOX 13146, death certificate be attending physician o VITAL RECO requires ME The OF DIVISION

Jacob K.

31. DATE FILED (Month, Day, Year)

#/// 26 92

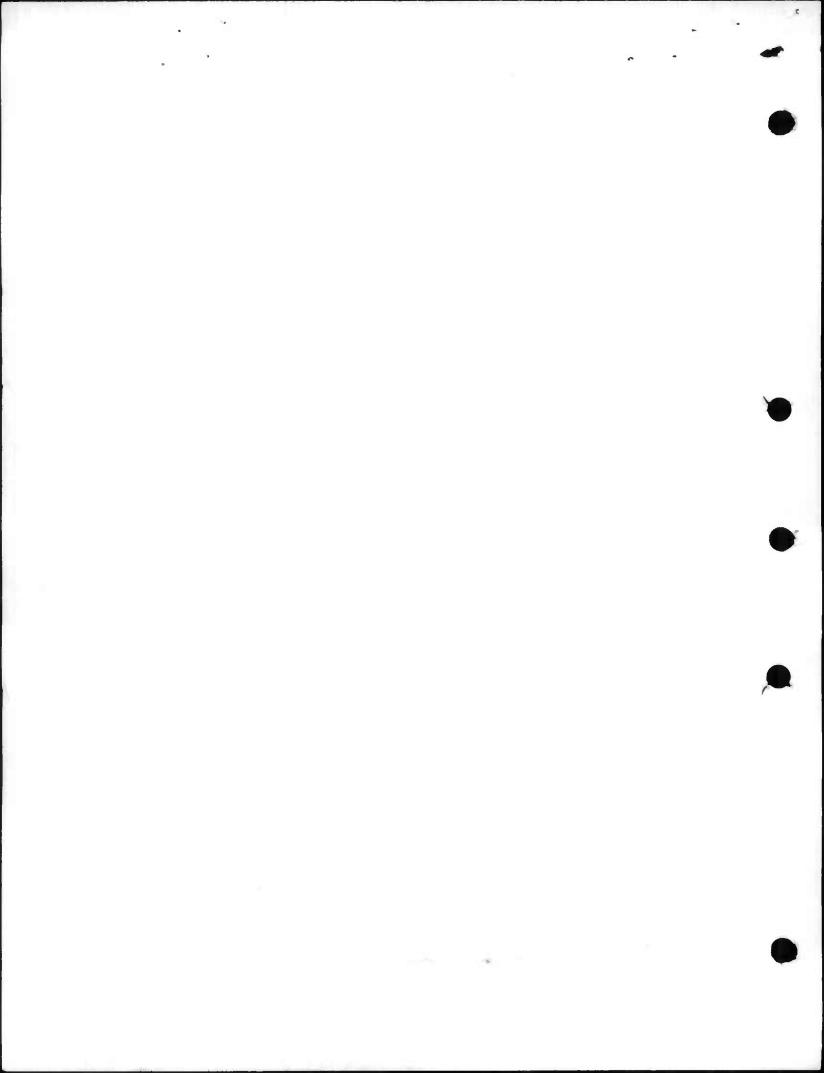
Felix,

M.D.

32. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH Baby Girl Jackson (mother - Mary) 2 19 91 0615 PM 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 🗆 M 2 🖳 F HOURS 2 MIN. YRS. 2-19-91 Baltimore City 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Sinai Hospital of Baltimore Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore NX YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3343 Beech Avenue 21211 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS infant 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, stc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, atc.) 1 YES 2 NO WHITE Specify: BY 3 Widowed 4 Divorced 6 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY E Elementary/Secondary (0-12) College (1-4 or 5+) infant COMPL 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Jackson Robert Mary Jackson BE 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 5 20a. METHOD OF DISPOSITION
1 Burisi 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 4 Donatton 5 DOther (Specify) hospital Sinai Hospital 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY n/a 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, Approximete shock, or heart fallure. List only one cause on each line Onsat and Daeth IMMEDIATE CAUSE (Fine) disease or condition Extreme prematurity (23 weeks gestation) hr 7 min resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Premature rupture of membranes & onset of labor Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING CERTIFICAT Chorioamnionitis CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 No Impeliant 2 ER/Outpellant 3 DOA OTHER: 1 YES 2 XNO ng Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED Natural 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. Co-Director, Division 29c. LICENSE NUMBER 29d, OATE SIGNED (Month Day Year) of Neonatology D-19284 2-19-91 0 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Baltimore, Md. 21215

Sinai Hospital of Baltimore, 2401 W. Belvedere Ave.



91-37617

FOR

TO BE COMPLETED BY FUNERAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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entist t. #203 Deceoent ever ces? 1 Yes es, give war or in tal state ital entions that cause on cau	IN U.S. ARMES 2 NO DATES 16a. DECE (GAve life. D	PEDENT'S US EDENT'S US IS INITIAL OF COSPOSITION OF COSPOSITI	E UNDER 1 YEAR NOTING DAYS B. CITY, TOWN OF LOCAL ACT SV 11 10 13. WAS OFC If yea, sp 1 YES BUAL OCCUPATION & done during medired.)	HOURE 240 OR LOCATION OF DE COMA PARK FION Le 1. ZIP CODE 20783 SENDENT OF HISPAN HOUSE 2 NO Specify ON 18. MOTHER'S NA Amy Br and Number or Rural in the start of	T. OATE OF BIRTH (Month, Dgy, Man) 2 / 24 ATH HIC ORIGIN? (Specify Y n, Puerto Rican, etc.) 18b. KINO OF B ME (First, Middle, Melde Littingham Route Number, City or R	99. COUNTY MO 10g. CITIZEN Usiness/INDUST on Surname) 1 own, State, Zip Co	OF OEATH ON TOOMETY 10d. INSIDE CITY LIMITS? 1 YES 2 OF WHAT COUNTRY? J. S. A. RACE — American India: Black, White, etc. Specify: White TRY
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the heat of my to	oudodes de-	eth necessis	f at the time d	to and place and di-	n to the enuceful and	manner es elected	1
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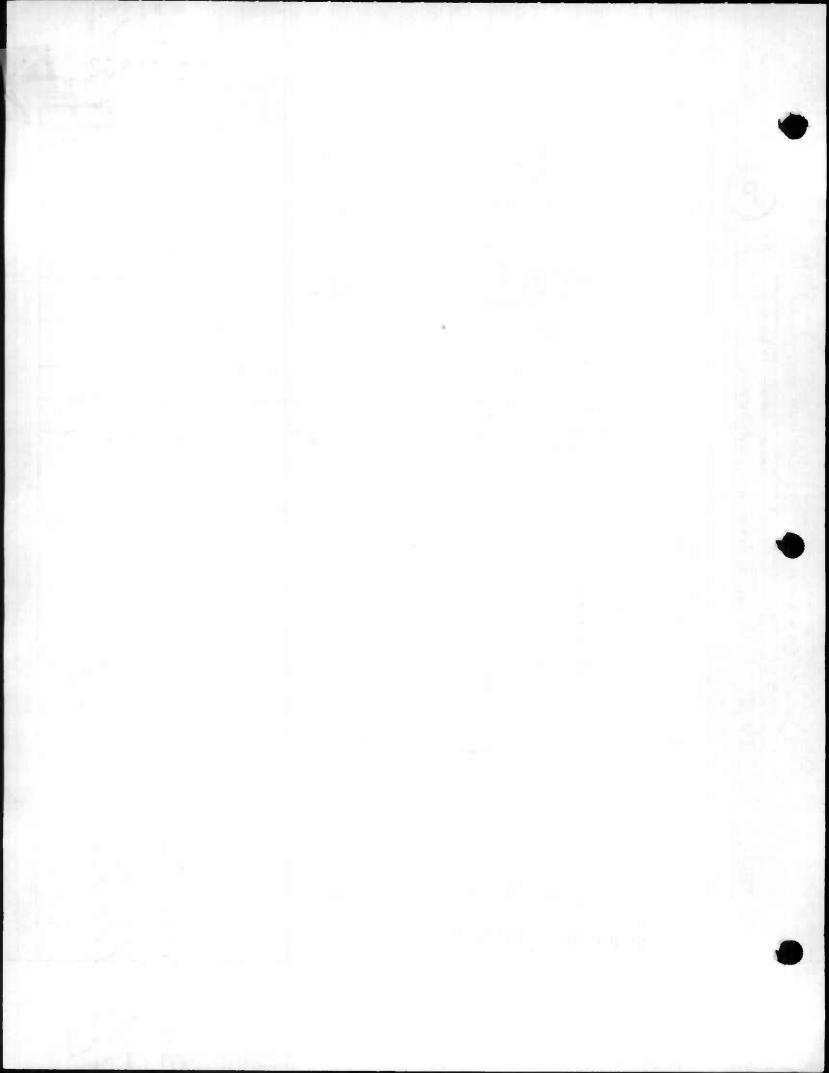
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permitting be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

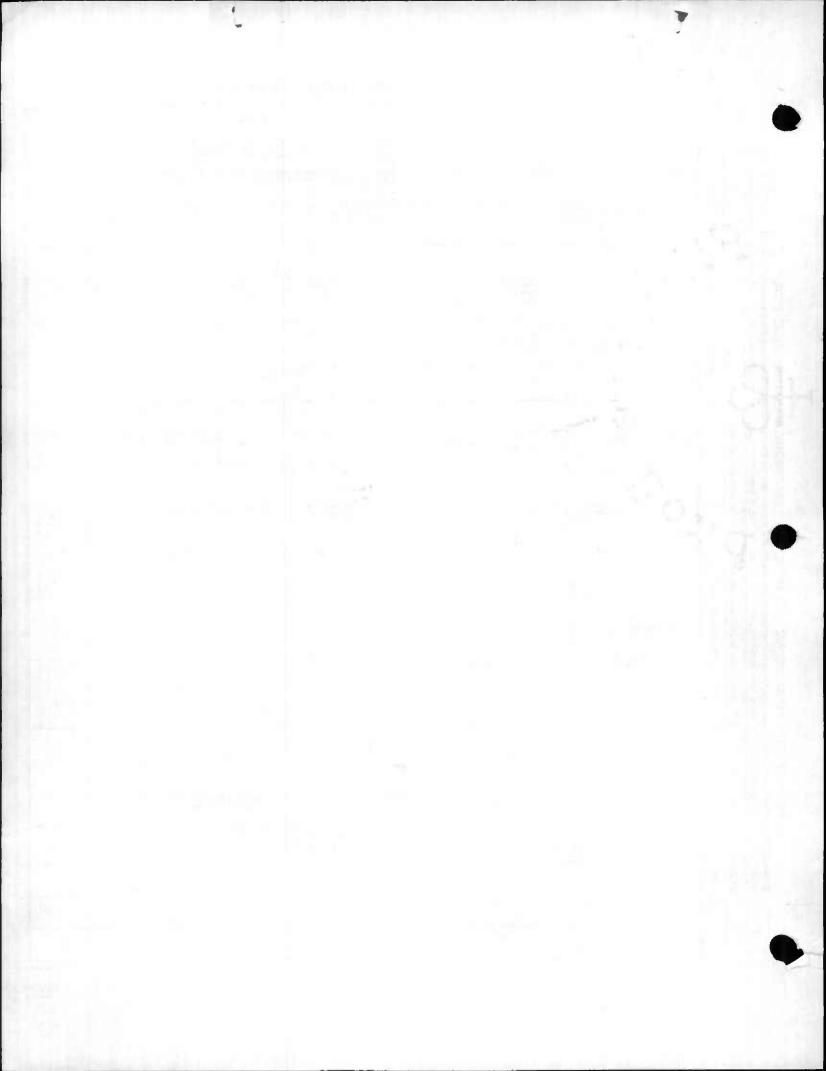
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



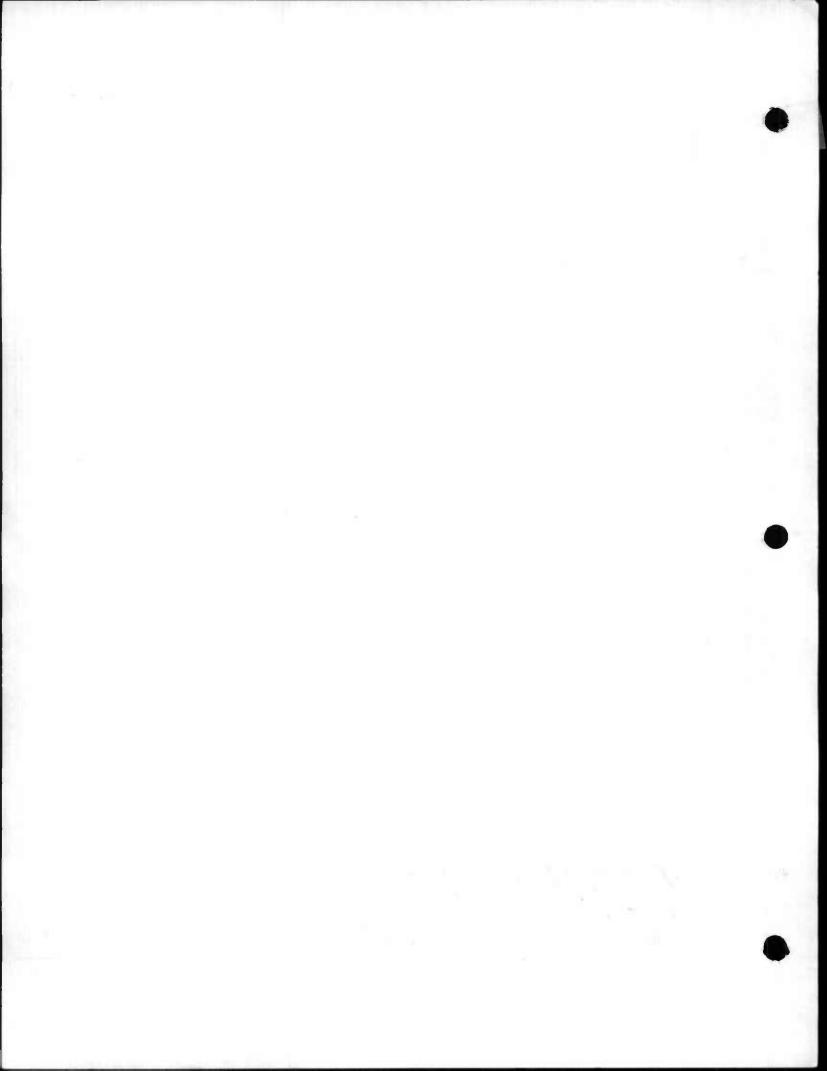
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ı	4. SOCIAL SECURITY NUMBER	5. SEX 1 ☑ M 2 ☐ F	8. AGE (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN	. (Month	OF BIRTH , Day, Year)		Countr	
ŀ	9a. FACILITY NAME (If not institution, give	21	This.	Oh CITY TOWN	OR LOCATION OF		/28/		Mar	yland
	Saint Joseph	Girmonday, "	. 1			DEATH		LUK-71		
ŀ	RESIDENCE OF DECEDENT	nospita	2.1	Tows	211			Bal	Ltin	ore
	10a. STATE 10b. COUN	TY		TY, TOWN OR LOCA						10d. INSIDE CITY LIMITS?
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ŀ	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE			DATE		LOCATION -		
	1 Burial 2 Cremation 3 Ra 4 Donation 6 Other (Specify)	moval from State	cemetery, crematory or			1			, 0- 10	
I	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22, NAME /	AND ADDRESS OF	FACILITY				
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	Saint Jose 23. PART I. Enter the diseases, or ahock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	complications the	nt caused the death. Do	TOWS		2120 such as card	lac or res			Interval Bety
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Stanton Keith Belle Deborah Jean Wilkerson 198. MAILING ADDRESS (Street and Mumber or Rural Route Number, City or Rurn, Steet, Zep Code) Deborah J. Wilkerson 198. MAILING ADDRESS (Street and Mumber or Rural Route Number, City or Rurn, Steet, Zep Code) Deborah J. Wilkerson 198. MAILING ADDRESS (Street and Mumber or Rural Route Number, City or Rurn, Steet, Zep Code) Deborah J. Wilkerson 4 417 Moravia Road, Apt. 6, 21206 DATE 20. LOCATION - City or Town, Steet and Date of Disposition (Number of Steet) Townson, Md. 20. PLACE AND DATE (Disposition) Number of Town Steet (Camber), zerostopy or other place) Townson, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE DIFFORMATION OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DUE TO (OR AS A CONSEQUENCE OF): EXTREME IMMATURITY DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A	. I	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of	work done (use retired.)	CCUPATIO during mo	ON st of working		18b. KIND OF BUS	SINESS/INDU	STRY	
Deborah J. Wilkerson 4417 Moravia Road, Apt. 6, 21206 20. METHOD OF DISPOSITION 1 Burlar 2 Chemetron 3 and annoval from State 4 Donation 5 of other (Specify) hospital 21. SIGNATURE OF PUREAL SERVICE LICENSEE 12. SIGNATURE OF PUREAL SERVICE LICENSEE 12. SIGNATURE OF PUREAL SERVICE LICENSEE 12. SIGNATURE OF PUREAL SERVICE LICENSEE 12. SIGNATURE OF PUREAL SERVICE LICENSEE 12. SIGNATURE OF PUREAL SERVICE LICENSEE 12. SIGNATURE OF PUREAL SERVICE LICENSEE 12. SIGNATURE OF PUREAL SERVICE LICENSEE 12. SIGNATURE OF PUREAL SERVICE LICENSEE 12. SIGNATURE OF PUREAL SERVICE LICENSEE 12. SIGNATURE OF PUREAL SERVICE LICENSEE 12. SIGNATURE OF PUREAL SERVICE LICENSEE 12. SIGNATURE OF PUREAL SERVICE LICENSEE 12. SIGNATURE OF PUREAL SERVICE LICENSEE 12. SIGNATURE OF PUREAL SERVICE LICENSEE 13. SIGNATURE OF PUREAL SERVICE LICENSEE 14. SIGNATURE OF PUREAL SERVICE LICENSEE 15. SIGNATURE OF PUREAL SERVICE LICENSEE 16. DUE TO (OR AS A CONSEQUENCE OF): 28. SIGNATURE OF DEATH (Check only one) 29. MANER OF DEATH (Check only one) 20. MANER OF DEATH (Check only one) 20. M		Stanton Kei	th Belle	195 MAII IN	C ADORESS	(Street o	Deb	orah	Jean W	lilke		
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23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUE		4 Donation 5 Other (Specify)	hospital			NAME AP	O ADDRESS	OF FACILIT	7.			
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 26. PLACE OF DEATN (Check only one) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28a. DATE OF INJURY (Morath, Dey, Vear) 28b. TIME OF INJURY AT WORK? WORK? M 1 VES 2 NO 28c. INJURY AT WORK? WORK? M 1 VES 2 NO 28c. INJURY AT WORK? WORK? M 1 VES 2 NO 28c. INJURY AT WORK? WORK? M 1 VES 2 NO 28c. INJURY AT WORK? WORK? M 28d. DESCRIBE NOW INJURY OCCURED 28e. PLACE OF INJURY At home, tarm, street, factory, office 28e. PLACE OF INJURY At home, tarm, street, factory, office 28e. PLACE OF INJURY At home, tarm, street, factory, office 28e. PLACE OF INJURY At home, tarm, street, factory, office 28e. PLACE OF INJURY At home, tarm, street, factory, office 28e. PLACE OF INJURY At home, tarm, street, factory, office		Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events	bOUE TO (OR AS	A CONSEQUENCE	OF):							
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1 Natural 5 Pending Investigation 2 Accident 2 Accident 3 Suicide 6 Could not be detarmined 4 Nomicide Nomicide Nomicide City or Town, State) 1 Natural 5 Pending Investigation M 1 VES 2 NO 28. PLACE OF INJURY — At home, term, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)	SICIAN	EXAMINER?		patient 3 DOA		t:						
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296. SIGNATURE AND TITLE OF CERTIFIER 1. Cot Club 10 18 18 18 18 18 18 18 18 18 18 18 18 18		R. COTTLIEB	1160	714	18	ec	uri	ty	Blus.	Ba	lto.	Hd
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ached for use as the burial-transit permit. Pages 1, 2, 3 should hospital or attending physician. BALTIMORE MARYDAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be required by the attending physician and completely filled in by the funeral director, page 5 mount by machine be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

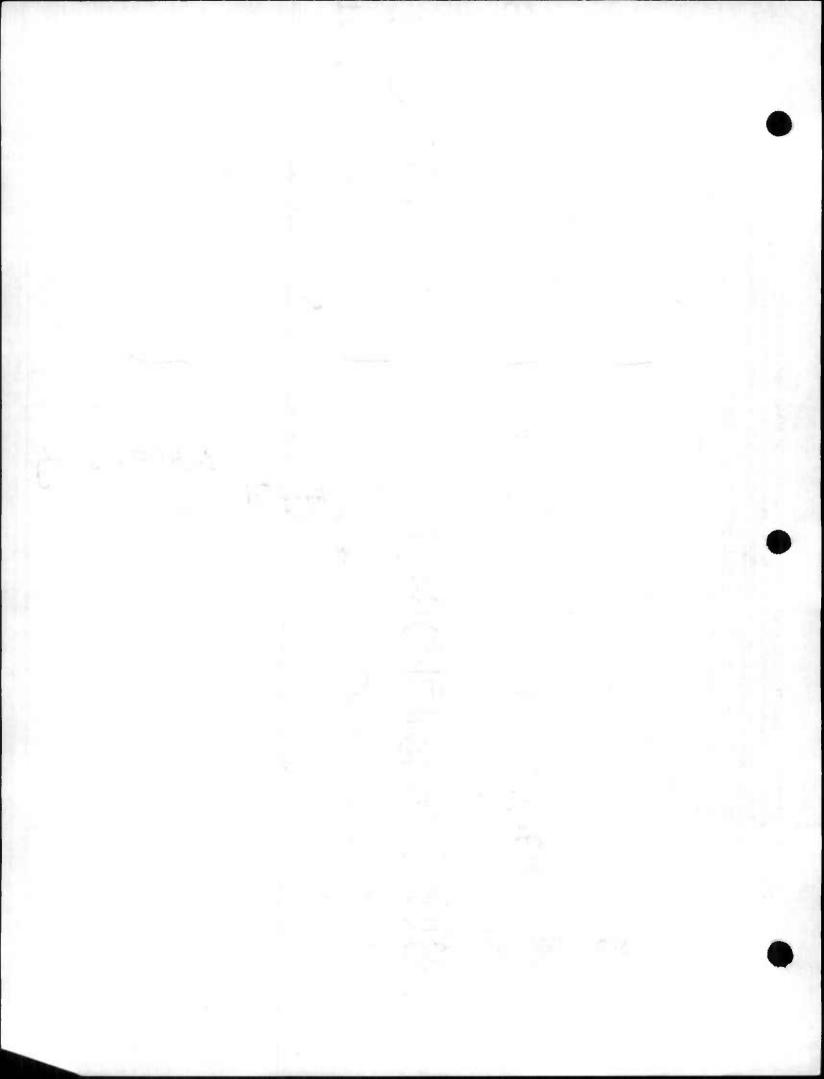
FOR STATE REGISTRAR	STATE OF MAI	CERTI	THE OF			REG. NO.			Val
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4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthda	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH , Day, Year)	7 / 6	. BIRTHPL Country)	ACE (State or Foreign
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RESIDENCE OF DECEDENT	putal		1 Ch	ever	y			7	
10a. STATE 10b. COUNT	P.6.	10c. 0	CITY, TOWN OR LOC	DVC					d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	Conn A	toenue	1	of. ZIP CODE	222		10g. CITIZE	US	T COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 IN IF YES, GIVE WAR	YES 2 NO	If you, s	CENOENT OF HISPAI pecify Cuban, Maxica S 2 NO Specif	en, Puerto F		or No- 1	4. RACE — Black, W Specify:	American Indian, thite, atc.
15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT (Give kind life. Do NOT	T'S USUAL OCCUPAT of work done during n T use retired.)	nost of working	16b.	KIND OF BU	SINESS/INDUS	STRY	
17. FATHER'S NAME (First, Middle, Last)				A OCA	AME (First, A	Middle, Meiden	Sumame)	149	gle
19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	5 Con	and Number or Rural	Route Numb	oer, City or Tow	n, State, Zip C	ode)	2072
20e, Institution OF DISPOSITION 1 W Burial 2 Commention 3 American 4 Donation 5 Other (Specify)	noval from State	20b. PLACE ANO O	ATE OF OISPOSITIO	N (Name	DAT	207 49	CATION - CH	ty or Town	MD.
A CONTRACTOR OF THE SECRETARY OF THE SEC									
23. PART I. Enter the diseases, or shock, or heart failure.	complications that co	aused the death. D on each line.	22. NAME	NO ADDRESS OF EACH OF MANAGEMENT AND ADDRESS OF EACH OF MANAGEMENT AND ADDRESS OF EACH OF	ch as card	HOS,	STAL XXX STREET	S S	
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23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that could be cause a. Exchos DUE TO (OF b. DUE TO (OF c.	A AS A CONSEQUENCE	OM Q. E OF):		ACILITY Ch as card	HOS Blac or resp	Siratory arres	ot,	interval Betw
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23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Tatural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) CERTIFYING PHYS	Complications that collision of the contributing to de DUE TO (OF d	on each line. A S A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE Path but not reaulting R/Outpetiant 3 □ DO. JURY 26b. NJURY — At home, fan. C. (Specify)	E OF): E OF): E OF): 26. OTHER: A 4 Nursing He TIME OF 1 1 1 TIME OF 1 1 TIME OF 1 1 TIME OF 1 1 TIME OF 1 1 Tourned at the time, da	ng cause given in	heck only or 6 - Othe 28d. DES 25f. LOC City a to the case e time, data	24a. WAS AN PERFOIL 1 VES : (Specify) ATION (Street or Town, State)	AUTOPSY AMED? I NO NO INJURY OCCU	24b. W An CC CC CO I I I I I I I I I I I I I I I	Interval Betwo Onset and De ERE AUTOPSY FINOR AILABLE PRIOR TO MILABLE PRIOR TO F DEATH? YES 2 NO No Number,

BALTIMORE, MARYCAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Last)	6	1 1 1			2. DATE OF DI	EATH DAY	YEAR 3. TIM	E OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	E gn yrs lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTH	6. BIRTHPLACE	(State or Foreign
	4. SUCIAL SECURITY NUMBER	1 M 2 F		ONTHS DAYS	HOURS MIN.	(Month, Day,		Country)	The second
DIRECTOR	90. FACILITY NAME (If not institution, give	street and number) evise	torp ur		OR LOCATION OF D	EATH	9c. COU	NTY OF DEATH	NSIDE CITY
OIRE	10a. STATE 10b. COUNT	() .	Jean Temp	town or Loca le Hil				L	YES 2 NO
ERAL	100. STREET AND NUMBER 2919 Brinkley Ro				or. ZIP CODE 2074	8	10g. Cf1	IZEN OF WHAT C	OUNTRY?
BY FUN	11. MARITAL STATUS Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes, s	CENDENT OF HISPA pecify Cuban, Mexico 8 2 NO Specific	en, Puerto Rican		14. RACE — Arr Black, White Specify:	erican Indien, b, atc.
PLETED	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)		16e. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during n		16b. KINI	O OF BUSINESS/IN	DUSTRY	
COMP	17. FATHER'S NAME (First, Middle, Last)					=	, Maiden Surname)		
BE (odrow Mason		1000000	Ni and Number or Rural		resa Bo		
10	19e. INFORMANT'S NAME (Type/Print)		291	9 Br	inkley	Roll Number, C	20c. LOCATION -	2, (en	Ne Hills
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Re 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I		20b. PLACE ANO DATE of cemetary, crematory of	or other place)	N (Name		MP.	- City or Town, St	no 20
	IMMEDIATE CAUSE (Final disease or condition	. List only one cause of	n aech iina.			0	^		Approximate interval Betw Onset end De
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF):	fre me	hinh	,		
AL C	PART II. Other significant conditions	ons contributing to dea	th but not resulting in	n the undariy	ng ceuse given i		NAS AN AUTOPS PERFORMED? YES 2 NO	AVAIL	AUTOPSY FINDI
									EATH?
MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 1 1 1 2 1 2 1 1 NO	HOSPITAL:	/Outpatient 3 DOA	OTHER:	PLACE OF OEATH (Comma 5 🗆 Residence		pecify)	1 🗆	
	EXAMINER? 1 LYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	1/⊖ Inpatient 2 □ ER 26e, DATE OF INJU (Month, Day, Y	URY 28b. TIME bar) INJU	OTHER: 4 Nursing H E OF 26c. URY 1	oma 5 Residence NJURY AT WORK? YES 2 NO	6 Other (Sp 28d. DESCRI	BE HOW INJURY O	OCCURED	EATH? YES 2 □ NO
APLETED BY PHYSICIAN: MEDI	EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER Check only	26e. DATE OF INJI (Month, Dey. Y	URY 28b. TIME INJU JURY — At home, farm, a (Specify)	OTHER: 4 Nursing H E OF 26c. URY M 1 Introduction of the time, d	oma 5 Residence NJURY AT WORK? YES 2 NO fice	28d. DESCRI	DN (Street and Number), State)	DCCURED ber or Aural Route	YES 2 NO
PLETED BY PHYSICIAN: MEDI	EXAMINER? 1 Yes 2 NO 27. MANNER O DEATH 1 Neturel 5 Pending investigation 3 Suicide 6 Could not 1 determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAM 29b. SIGNATURE AND TITLE OF CERTIFIER AND T	26e. DATE OF INJ (Month, Dey. Y 26e. PLACE OF IN building, etc. YSICIAN: To the best of my INER: On the basie of axami	URY 28b. TiME INJU JURY — At home, farm, a (Specify) knowledge, death occurre nation and/or investigation of the second of the	OTHER: 4 Nursing H EOF 26c. URY M 1 Itreet, factory, of at the time, d n, in my opinion	oma 5 Residence NJURY AT WORK? YES 2 NO fice	28d. DESCRI 28d. DESCRI 28f. LOCATIO City or R ue to the cause(the time, date and	BE HOW INJURY O	DCCURED ber or Aural Route	YES 2 NO

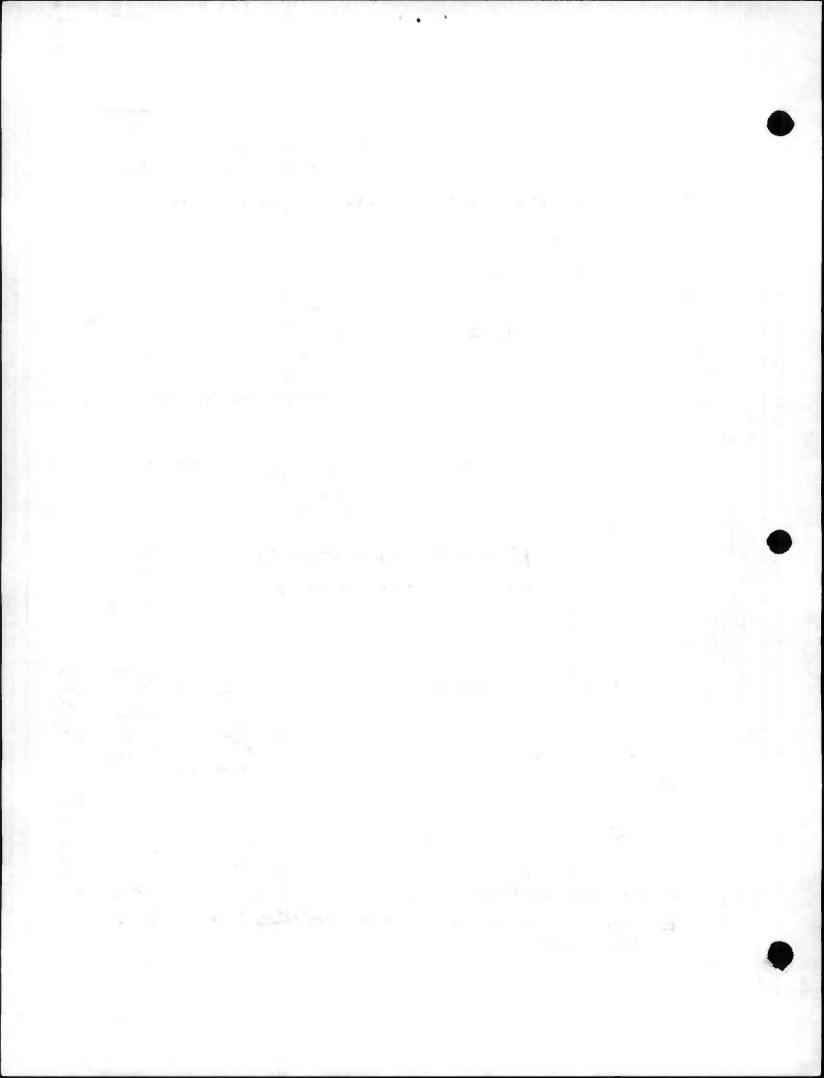
lined by the hospital or attending physician.	hould be detached for use as the burial-transit permit. Pages 1, 2, 3 should	flad of once
TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	200 to marked at least 22 shows any injury or other fraumatic award the mallest available must be not
TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECT be filed within 72 hours	THE PERSON NAMED IN

	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPARTM CERTIFIC	ENT OF HE	ALTH AND MEI	NTAL HYGIENE REG. NO.	91-	37623
	1. DECEDENT'S NAME (First, Middle, Lest) FLETCHER	, FET	NALE			DATE OF DEATH	9 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	1 □ M 2 🂢 F	3 HYS, YRS. MO		HOURS MIN.	DATE OF BIRTH (Month, Day, Year)	Ci	RTHPLACE (State or Foreign unity) 74 V C Y LY MD
TOR	Prince George RESIDENCE OF DECEDENT		^ -	The ve	LOCATION OF DEATH	D	Prin (La Geogles.
DIRECTOR	10e. STATE 10b. COUNT	ce George's		tol Hei				10d. INSIDE CITY LIMITS? 1% XYES 2 NO
FUNERAL	625 Larchment Av	enue		1000	ZIP CODE 20743		US	F WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes, spec	NDENT OF HISPANIC Colfy Cuben, Mexicen, Po		B S _i	ACE — American Indian, lack, White, atc. pacify: Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during most		16b. KIND OF BUS	INESS/INDUSTR	Y
	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME (111	ner
TO BE	190. INFORMANT'S NAME (Type/Print) Birth REgistrar/	Chart			DRive, Ch	Number, City or Town	, State, Zip Code,)
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ram 4 Donatton 5 Other (Specify)	Tell Color	20b. PLACE ANO OATE Of of cemetary, crematory or	FOISPOSITION (H. Cen	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME ANI	Hospita	1		0
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse o	n each line.				retory srrest,	Approximate Interval Between Onset and Death
TION	Sequentially list conditions, if any, leading to immediate	· RIGH	AS A CONSEQUENCE OF):		THOR	AX ·		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury thet initieted events resulting in death) LAST	0 0 .	E IMM AS A CONSEQUENCE OF): MED	set.		Pi		
PHYSICIAN: MEDICAL CE	DYSM OR PHIS						MED?	24b. WERE AUTOPSY FINDINGS AMPLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Check			
/ PHYS	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJU	IRY 28b. TIME C	OF 28c. INJU	RY AT 28 RK?	3d. DESCRIBE HOW I	YJURY OCCURE	D
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJ building, atc. ((URY — At home, farm, stre (Specify)	et, factory, office	28	M. LOCATION (Street a City or Town, State)	Number or Ru	ral Route Number,
COMPLETED	onel only		nowledge, death occurred a					rse(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	enlami	MD.		29c. LICENSE NUMBE	R	29d. DATE SIG	NED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W	10 4	Dept of	ediat	rics. PC	ittosp C	inter	Charety mi)
	31. DATE FILED (Month, Day, Year)	QQD 32. REGISTRAR'S						

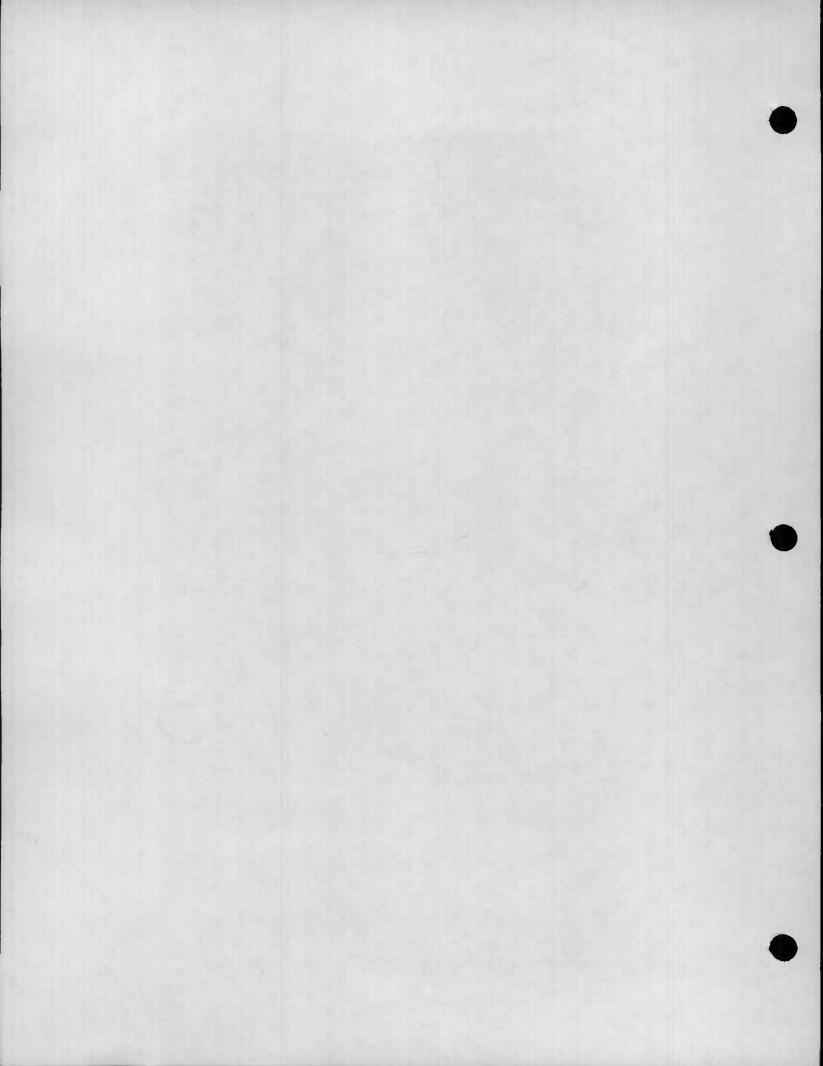


1 - FOR STATE REGISTRAR

	1 - STATE REGISTRAR				RTIFICAT	T OF HEALT E OF DEA			REG. NO.	91-	3/	627
:	1. DECEDENT'S NAME (First, Mid	idle, Last)	01 £					2. DATE MONTE	OF OEATH	1 0	EAR 3.	TIME OF OEATH
	4. SOCIAL SECURITY NUMBER			Jona GE (In yrs. lest t		NOOD	DER 24 HRS.	7. DATE	OF BIRTH	-	BIRTHPLA	CE (State or Fore
		1	1 M 2 DF		YRS. MONTHS	DAYS HOUR	-	(Month	126/		Country)	
	90. FACILITY NAME (If not institut	-			9b. CIT	Y, TOWN OR LOCA		ATH		9c. COUNTY	OF OEATH	н
DIRECTOR	PRINCE GEOR	985	HOSP. CEI	NTER	CH	WERL	Y, 1	no		PRINC	E 9	FORGE
EC.	10s. STATE 10t	b. COUNTY			10c. CITY, TOWN	_					100	d. INSIDE CITY LIMITS?
		P.G.			Seat	Pleasa						XYES 2 N
RAL	10e. STREET AND NUMBER				203	101, ZIP CO		7 4 2		10g. CITIZEN		T COUNTRY?
FUNER	11. MARITAL STATUS		Court, A			WAS DECENDEN		743	17 (Specify Yes			American Indian
BY FL	1 Never Merried 2 Men 3 Widowed 4 Divorced		FORCES? 1 TYPES, GIVE WAR O	PR DATES		if yee, specify Cu	iben, Mexica	n, Puerto I	Ricen, atc.)	P	Specify:	hite, etc.
ETED	15. DECEDE (Specify only hig	ENT'S EOUCAT	TION NA		EDENT'S USUAL O		rkina	16b	KIND OF BUS	INESS/INOUS	TRY	
	Elementary/Secondary (0-12)		College (1-4 or 5+)	Me. L	Do NOT use retired.)	NIF			٨	JIA		
COMPL	17. FATHER'S NAME (First, Middle	n I mot)						ME /First	Middle, Maiden		_	_
_	The contract of the contract o	., 2201)				100	74R		_	CEN	WE	CC
TO BE	19e. INFORMANT'S NAME (Type/	Print)		19b.	MAILING ADDRES							
F												
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation	3 - Removi		of cemetary.	OND DATE OF DIS			DAT		CATION — CITY		State
	4 Donation S/ Other (Spe 21. SIGNATURE OF FUNERAL SE			x & wox		. NAME AND AOD	RESS OF FA	CILITY	1	3. 11. (
- 8	•					hospit	al					
	disease or condition		EXTRE	emt	PREI	MATU	RIT	Y				Onset and
rification	Sequentielly list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events	e, f b.			PREC			Y				Onset and
CERTIFICATION	Sequentielly list condition if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury	e, f b.	EXTRE DUE TO (OR	ME AS A CONSEOU	PREC			<i>Y</i>				Onset and
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MEDICAL	Sequentielly list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Discesse or injury that initiated events resulting in death) LAST	conditions	DUE TO (OR .	AS A CONSEOL	PRECEDENCE OF):	natui	RITY se given in	Part I.	PERFOR	RMED?	CO OF	ERE AUTOPSY FIN AILLABLE PRIOR T MPUETTON OF CA
SICIAN: MEDICAL	Sequentielly list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	conditions	DUE TO (OR .	AS A CONSEOU	PRECEDENCE OF):	underlying caus	RITY De given in	Part I.	PERFOI	NO NO	OF OF	ERE AUTOPSY FIN AILLABLE PRIOR T MMPLETION OF CV
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BY PHYSICIAN: MEDICAL	PART II. Other algnificant 25. WAS CASE REFERRED TO M EXAMINER? 1	conditions Conditions	DUE TO (OR DUE TO (OR CONTributing to dee PPUCA HOSPITAL: Vinpatient 2 ERI 25e. DATE OF INJU	AS A CONSEOU AS A CONSEOU Outpetient 3 (JURY — At hon	DOA OTHE OF INJURY	26. PLACE O ER: 28c. INJURY AI WORK? 1 YES	POEATH (Ch)	Part I.	PERFORM 1 YES 2 100 100 100 100 100 100 100 1	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AM COO	ERE AUTOPSY FIN AILABLE PRIOR T MMPLETION OF CI T DEATH?
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1/0/1 91-37625 91-3763/



1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

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Grudger

. AGE (In yrs. last birthday)

5. SEX

1 M 2 F

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BEC							France	tt Gu	dger			
5	t9e. INFORMANT'S NAME	(Type/Print)		19b. MAILIN	G ADDRESS (St	reet and N	umber or Rural F	loute Number,	City or Town	n, State, Zip	Code)	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH DAY

12-19-91

7. DATE OF BIRTH (Month, Day, Year)

12

IF UNDER 24 HRS.

YEAR

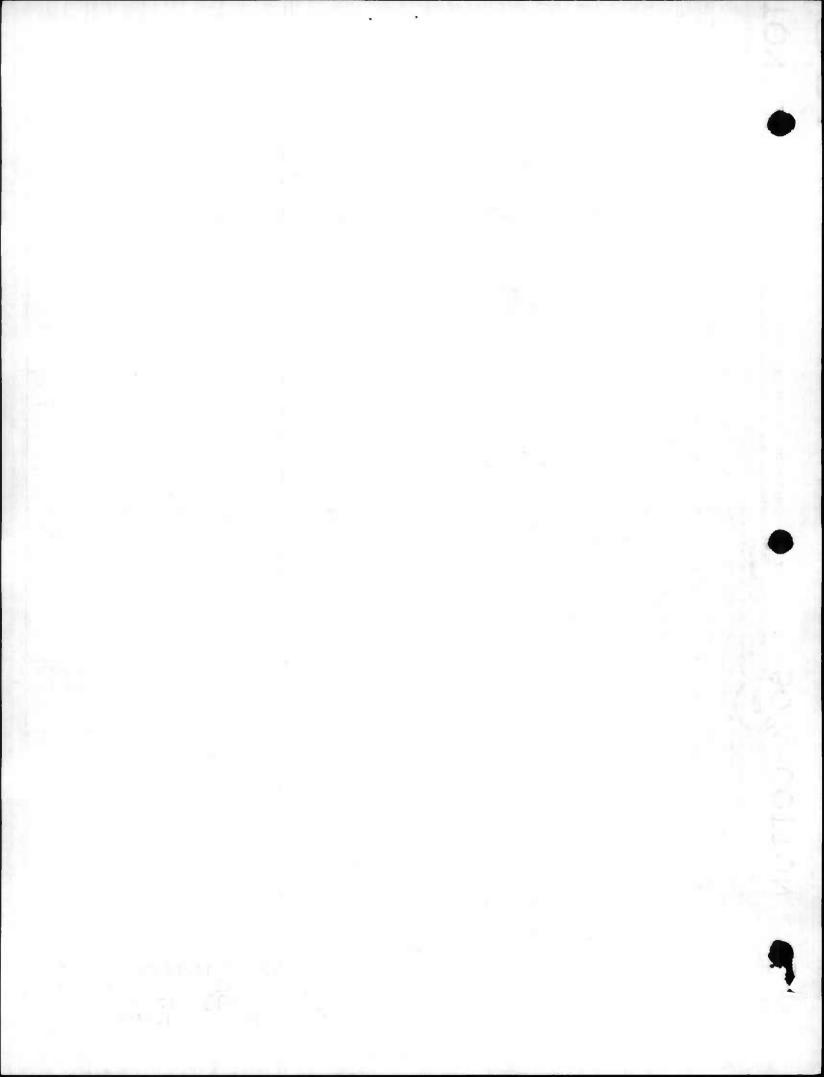
11:30

BIRTHPLACE (State or Foreign Country)

Maryland

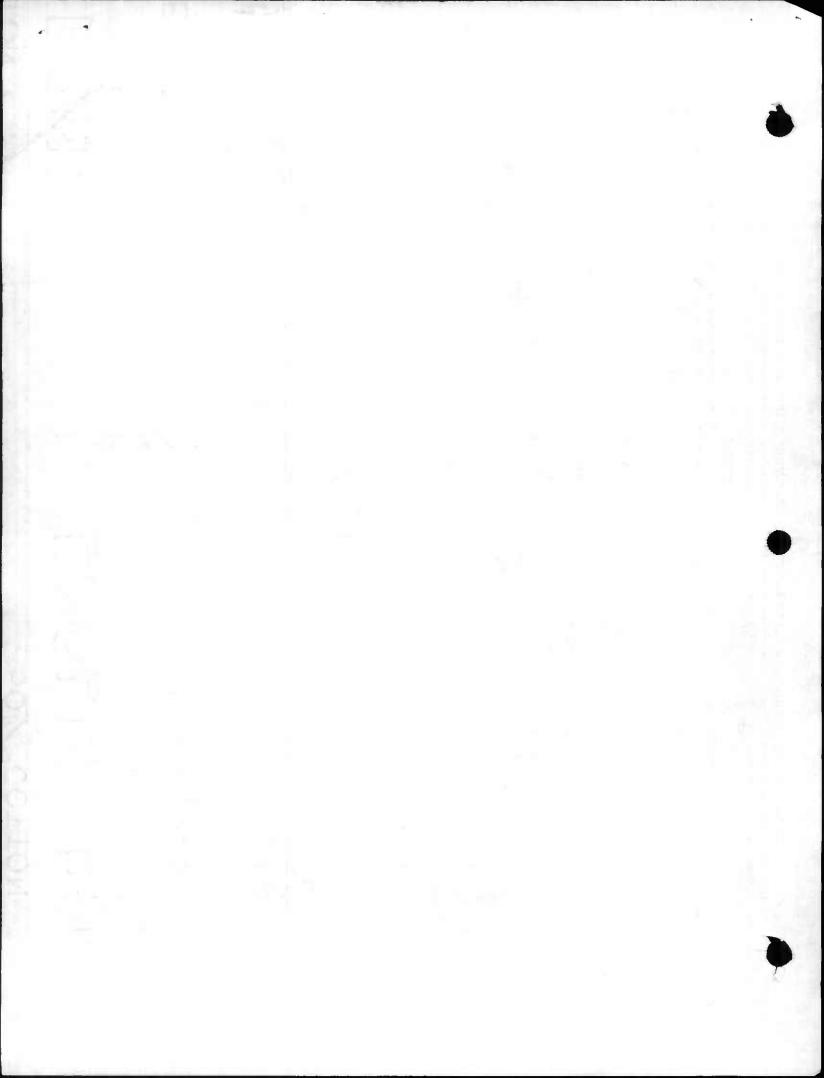
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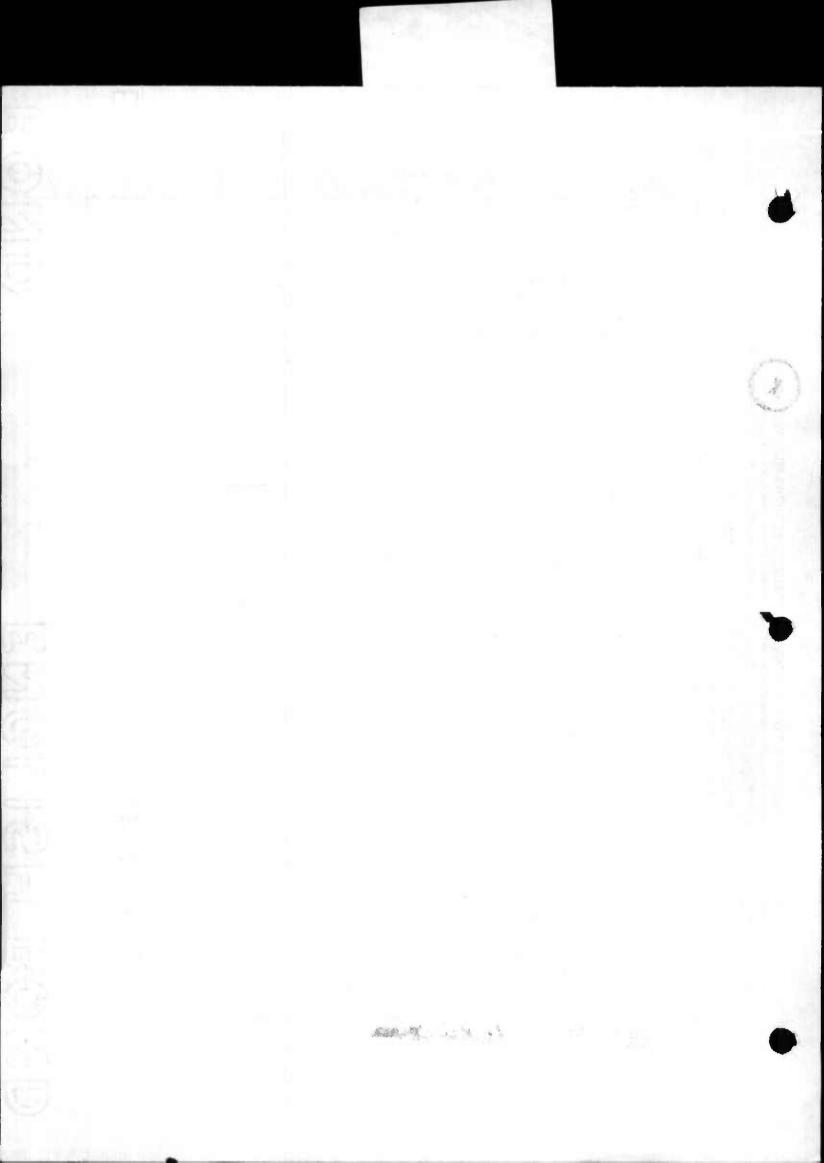
BALTIMORE, MARYLAND 21215-0020	er death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should wal.	if examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The markets that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certifiers are treen owned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the Same exercite the th and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 share any injury, or other traumatic event, the medical examiner must be notified at once.	

4. SOCIAL SECURITY NUMBER 5. SEY 100. AND SECURITY NUMBER 5. SEY 100. AND SECURITY NUMBER 6. SET	. DECEDENT'S NAME (First, Middle, Last)	115	HILLO	CKS			MONT	OF DEATH	AY -	YEAR	3. TIME OF DEATH
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Name Prince George's Riverdale St. 2006 199, CITERIN OF WHAT COUNTRY U.S. A 20737 U.S. A		TY	10c.	c CITY, TOWN	OR LOCATION					T	10d. INSIDE CITY
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Ray Nelson Hillocks Beverly Cynthia Bailey 19a. MFORMANT'S NAME (TyperPring) 19b. MALING ADDRESS (Street and Number or Russ) Route Number. City or Town, Stelle (TyperPring) 20b. METHOD OF DISPOSITION (Name of Care of C	(Specify only highest grad	e completed)	(Give kind	d of work done	during most of wor	king	168	o. KIND OF BU	SINESS/IND	USTRY	
196. MAILING ADDRESS (Street and Number or Pursi Poute Number, City or Town, State, Zip Code) 206. NETHOD OF DISPOSITION 1 Buttel 2 Chemistion 3 Removal from State Control of Commission 3 Control of Comm	7. FATHER'S NAME (First, Middle, Last)				18. MC	THER'S NA	ME (First,	Middle, Maiden	Sumeme)		
20. NATE 20. LOCATION — City or Town, Stele 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 23. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. PART I I. Enter the diseases, or complications that caused the death, Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each fine. 23. PART ST. ST. ST. ST. ST. ST. ST. ST. ST. ST		Hillocks									У
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Comment 2 Comment 3 Removal from State Octometary, committory or other place)	Me METHOD OF DISPOSITION		20h BI 40F 4415	DATE OF DISC	POSITION /Non-		1	r 000 10	CATION	Other on Y-	wa State
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INMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (O		ICENSEE	TOME				1				
AND CASE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A		CENSEE		22,	NAME AND ADDE	RESS OF FA	CILITY				
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27. MANNER OF DEATH 1 Matural 8 Pending Investigation 28a. DATE OF INJURY 28b. TIME OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJU	ahock, or heert failure IMMEDIATE CAUSE (Final disease or condition reauiting in deeth) Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events reauiting in death) LAST PART II. Other aignificant condition	a. DUE TO (OR d. DUE TO (OR d.	AS A CONSEQUENCE	Do not antai	r the mode of c	lying, auc	Part I.	24s. WAS AI PERFO	N AUTOPSY RMED?		interval Betwee Onset and De On
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3 Sulcide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and menner as stated. 29b. Sulfina URE AMD TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	ahock, or heert failure IMMEDIATE CAUSE (Final disease or condition reaulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initieted events reaulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	complications that case. List only one cause of a. DUE TO (OR. DUE TO (OR. DUE TO (OR. DUE TO (OR. DUE TO (OR. DUE TO (OR. DUE TO (OR. DUE TO (OR. DUE TO (OR. DUE TO (OR. DUE TO (OR. DUE TO (OR. DUE TO (OR.	AS A CONSEQUENCE AS A C	Do not antai	r the mode of o	lying, auci	Part I.	24a, WAS AI PERFO 1 □ VES	N AUTOPSY RMED? 2 □ NO	246.	interval Betwee Onset and De On
(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner as stated. 29b. SIGNAL UNE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	ahock, or heert failure IMMEDIATE CAUSE (Final disease or condition reaulting in deeth) Sequentially list conditions, If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending	a. DUE TO (OR. b. DUE TO (OR. c. DUE TO (OR. d. DUE TO (OR. d. DUE TO (OR. d. DUE TO (OR. d. DUE TO (OR. ena contributing to dea	AS A CONSEQUENT AS A CONSEQUEN	Do not antal	28. PLACE OF	e given in	Part I.	24a, WAS AI PERFO 1 □ VES	N AUTOPSY RMED? 2 □ NO	246.	interval Betwee Onset and De Onset and De WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS. OF DEATH?
290. BIGHATURE AND TITLE OF CERTIFIED 290. LICENSE NUMBER 290. DATE SIGNED (Morith, Day, Year) 7-8-91 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)	ahock, or heert failure IMMEDIATE CAUSE (Final disease or condition reaulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initieted events reaulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	Complications that case. List only one cause of the cau	AS A CONSEQUENCE AS A CONSEQU	Do not antai	28. PLACE OF PRING HOME S UNDERSTANDED TO THE STANDED e given in	Part I.	24a. WAS AI PERFO 1 UVES one) or (Specify) SSCRIBE HOW	N AUTOPSY RMED? 2 □ NO	24b.	interval Betwee Onset and De	
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	ahock, or heert failure IMMEDIATE CAUSE (Final disease or condition reaulting in deeth) Sequentielly list conditions, If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initieted events reaulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Astural 8 Pending Investigation 3 Suicide 6 Could not by determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	Complications that case. List only one cause of a. BUE TO (OR. DUE	AS A CONSEQUENCE AS A CONSEQU	Do not antai CE OF): CE OF): CE OF): ting in the u OTHE A \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	28. PLACE OF ST. INJURY AT WORK? 1 YES 2 ctory, office	bying, auci	Part I. Beck only of the case to the case time, date	24a. WAS AI PERFO 1 VES or (Specify) CATION (Street y or Rown, State	N AUTOPSY RMED? 2 IN NO INJURY Oct and Number inner as staff	CURED or Rural F	interval Betwee Onset and De On
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al,	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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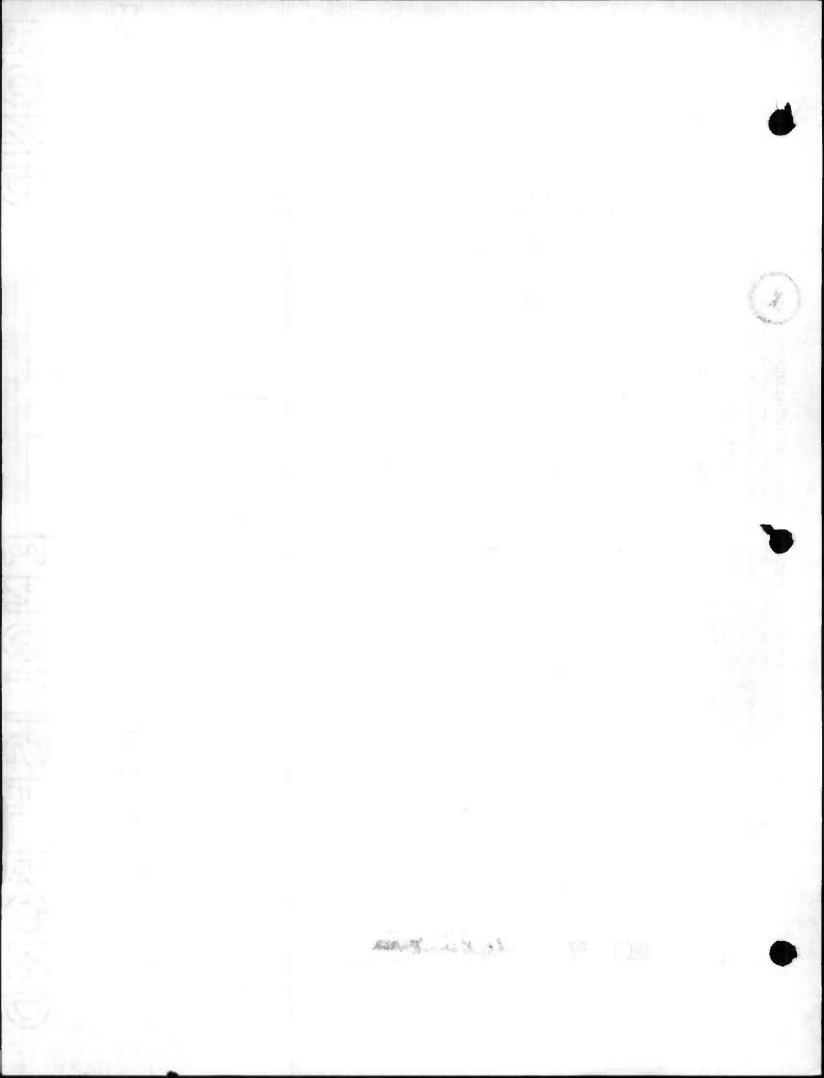
FOR STATE REGISTRAR	STATE OF MARYLAND / D CEF	EPARTMENT OF RTIFICATE OF		MENTAL HYGIEN REG. NO		37629
1. DECEDENT'S NAME (First, Middle, Last)		- 1 - 760		2. DATE OF DEATH DON'TH D.	AY YI	3. TIME OF DEATH
4, SOCIAL SECURITY NUMBER	E DEV.	irthday) IF UNDER 1 YEAR	17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7. DATE OF BIRTH	3 9	1 0.00
NIA !	Lieuser	YRS. MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	91	BIRTHPLACE (State or Foreign Country) MARYLANI)
Prince Terrals Residence of Decement	Huspilal Center	v Che	JEYLC	1 1	Prin	ce Georges
10e. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCA	ATION			10d. INSIDE CITY LIMITS?
MD Frin	ce Georges	2011	and			1 YES 2 NO
10e. STREET AND NUMBER			OI. ZIP CODE		10g. CITIZEN	S A
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES	If yes, a	CENDENT OF HISPAN Specify Cuben, Mexico S 2 NO Specify		s or No— 14.	RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S EDUC. (Specify only highest grade of	ompleted) (Give	DENT'S USUAL OCCUPAT kind of work done during no NOT use retired.)		18b. KIND OF BU	SINESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	NONE		P	7	
17. FATHER'S NAME (First, Middle, Lest)	Bass		18. MOTHER'S NA	ME (First, Middle, Melden	Surneme)	10
Terry 19e. INFORMANT'S NAME (Type/Print)		MAILING ADDRESS (Street	and Number or Rural F	Route Number, City or Tox	vn, State, Zip Co	de)
20s. METHOD OF DISPOSITION 1 Description 2 Cremetton 3 Removed 4 Donation 8 Other (Specify)		nd DATE OF DISPOSITIO	N (Name	DATE 20c. LC	CATION — City	or Town, State
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		AND ADDRESS OF FA		1	
•			P.G. Hosp	oital Cent	er, Che	everly, Md.
iMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONSEQUENCE AND A CONSEQUENCE AN		ETUS			Onset and Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEOU	MIA				
	1	11/2				
PART II. Other algnificant conditions	contributing to death but not rea	uiting in the underlyi	ng cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIORI TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	VCFHC	28.	PLACE OF DEATH (Ch	eck only one)		
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 E	OTHER:	ome 5 - Residence	8 Other (Specify)		
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. II	NJURY AT H	26d. DESCRIBE HOW	INJURY OCCUP	RED
1 Natural 5 Pending 2 Accident Investigation	NIA	1-11	YES 2 NO	10		
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hombuilding, etc. (Specify)	e, farm, street, factory, on	nce	281. LOCATION (Street City or Town, State	N N	Hural House Number,
onel only	IAN: To the best of my knowledge, death					
296. SIGNATURE AND TITLE OF CERTIFIER	uke		29c. LICENSE NUI	MBER	29d. DATE S	IIGNED (Month; Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM	27) (Type, Print)				
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	N. A. T.			37	



BALTIMORE, MARYLAND 2121	Ler death. Page 6 may be retained by the hospital or atten-	ed in by the funeral director, page 5 should be detached for use as or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hos. Liter death. Page 6 may be retained by the hospital or attendance.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as to be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

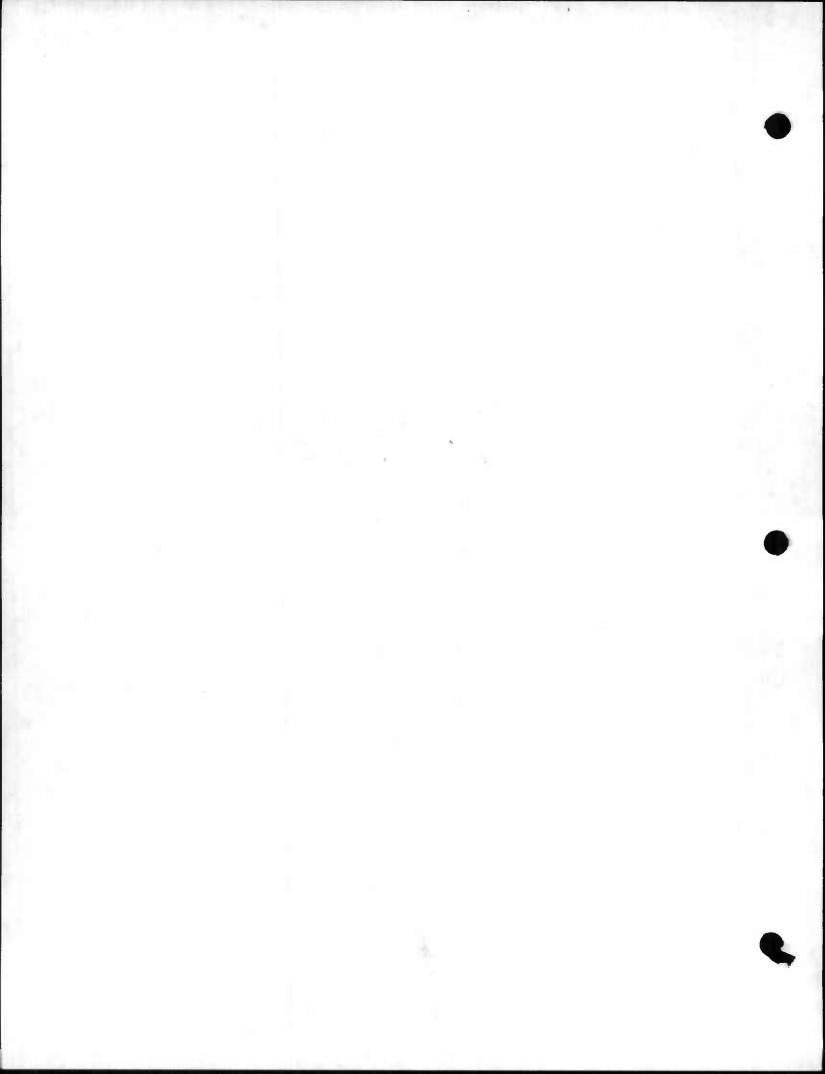
permit. Pages 1, 2, 3 should

FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT OF CERTIFICATE OF		TAL HYGIENE A	1-37629
1. DECEDENT'S NAME (First, Mich.	lle, Last)			OATE OF DEATH DAY	YEAR 10.00 P
4. SOCIAL SECURITY NUMBER N / 17	8. SEX. 1 B. AGE (In yrs. A	VRS. MONTHS DAYS	IF UNDER 24 HRS. 7. C	ATE OF BIRTH Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country) ARYLANI)
PACILITY NAME (If not institute PACILITY NAME (If not institut	jes Hospilal Cen	10	OR LOCATION OF DEATH		unty of DEATH INCE GEORGES
10e. STATE 10b	Prince Georges	10c. CITY, TOWN OR LOC	and		10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER	3	1	of, ZIP CODE	10g. Cr	TIZEN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merris 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO If yes, s	ECENDENT OF HISPANIC O specify Cuban, Mexican, Pu S 2 NO Specify:	RIGIN? (Specify Yee or No— erto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify:
15. DECEDEI (Specify only high Elementary/Secondary (0-12)	nest grade completed)	DECEDENT'S USUAL OCCUPAT (Give kind of work done during in the. Do NOT use retired.)		186. KIND OF BUSINESS/IN	IDUSTRY
17. FATHER'S NAME (First, Middle, Terry	Last)		16. MOTHER'S NAME (irst, Middle, Maiden Surname)	rie
19e. INFORMANT'S NAME (Type/		19b. MAILING ADDRESS (Street	11-1111	Number, City or Town, State, 2	Cip Code)
20a. METHOD OF DISPOSITION 1	☐ Removal from State of cemeta	CE AND DATE OF DISPOSITION Iny, crematory or other place)	N (Name	DATE 20c. LOCATION -	City or Town, State
21. SIGNATURE OF FUNERAL SE	RVICE LICENSEE		P.G. Hospit		Cheverly, Md.
	sea, or complications that caused the feiture. List only one cause on each line.	BLE F	ETUS	cerdiec or reapiratory a	Approximate interval Betwee Onset and Dec
Sequentially list conditions		ALL			
If any, leading to immediat ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CDUE TO (OR AS A CONS	MIA			
PART II. Other algnificent of	donditions contributing to death but no	t resulting in the underly	ing ceuse given in Pari	i. 24a. WAS AN AUTOPS' PERFORMED?	AMAILABLE PRIOR TO
	Alm			1 🗆 YES 2 🖵 NO	OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEXAMINER?	HOSPITAL: Impetient 2 ER/Outpetient	OTHER:	PLACE OF DEATH (Check of	A CONTRACTOR OF THE PARTY OF TH	
27. MANNER OF DEATH 1. Naturel 5 Pen 2 Accident inve	stigation	W AM 1	YES 2 NO	I. DESCRIBE HOW INJURY O	OCCURED
	id not be milned 28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street, factory, of	fice 28	LOCATION (Street and Numb City or Town, State)	per or Rural Route Number,
onet only	NG PHYSICIAN: To the best of my knowledge, EXAMINER: On the basis of examination and/				
296, SIGNATURE AND TITLE OF	Carrie		29c. LICENSE NUMBER	29d. D.	ATE SIGNED (Morning Day, Year)
QBINNA	RSON WHO COMPLETED CAUSE OF DEATH (I	PGHC			
31. DATE FILED (Month, Day, Year	32. REGISTRAR'S SIGNATURE	The same			



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91-5220-510 ITEMS: 23 PART I,27,28a,b,d,e,f PER MEO G-694 12/21/92 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE reb 91-37630 STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH VEAR ANTONIO JOHNSON 9-9-1991 2:55 P M 5. SEX S. AGE (In yes. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR # UNDER 24 HMS. 8. BIRTHPLACE (State or Foreign 1 Q # 2 D F DAYE YRS. 12-8-1934 Sa. FACILITY NAME (If not institution, give street and number) 86. CITY, TOWN OR LOCATION OF DEATH No. COUNTY OF DEATH 310 PARK AVENUE BALTIMORE na 10s. STATE 166 COUNTY IDE. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITE? Maryland Baltimore T YES 2 NO 10s. STREET AND NUMBER 10t. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? No fixed Address TI. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Bloom, etc.) 14. RACE — American Indian, Stack, White, etc. 1 Never Married 2 Married 3 Widowed 4 Divorced 1 YES 2 NO Specify Black IS. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working the Do NOT can retreat.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+1 17. FATHER'S NAME (First, Michille, Land) TE. MOTHER'S NAME (First, Missle, Maiden Sumane) 19s. INFORMANT'S NAME (Type/Print) 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yorn, State, Zip Code) ocme 20s. METHOD OF DISPOSITION
1 □ Burlat 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION /Name of 20c. LOCATION -- City or Town, State DATE 4 □ Donation 1 □ Other (Specify) in state removal 21. SUPPLYUNE OF PUNESAL SERVICE LICENSEE Smald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board -12/18/92 655 W. BaltimoreSt, Balto, Md 21201 ART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death disease or condition . UNDETERMINED resulting in death) DUE TO JOR AS A CONSEQUENCE OF Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO JOR AS A CONSEQUENCE OF: CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE VES 2 NO 1 YES 2 NO

CERTIFICATION MEDICAL PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: TO YES 2 1 NO OTHER: Inpollent 3 | ER/Outpellent 3 | DOA ng Home 5 C Residence & Other Specific ACANT BUILDING 27. MANNER OF DEATH 36e. DATE OF INJUST (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Unk. BY OUND: 9/9/91 M I YES 2 NO 2 Accident UNKNOWN 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Utilicide 2M. LOCATION (Street and Number or Rural Rouse Number City or Swent, State) 310 N. PARK AVE. BALTIMORE, MARYLAND 6/ Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my Ju owledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated (Check only one) 2 MEDICAL EXAMINER: On the bests of east d'or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. BE 29d. DATE (SIGNED (Month, Day, Year) ▶9-10-1991 OCME

111 N. PENN STREET BALTIMORE, MARYLAND 2120

DEATH (ITEM 27) (Type, Print)

" DEC"22 1992 22. BEGISTRAN'S SHINATURE

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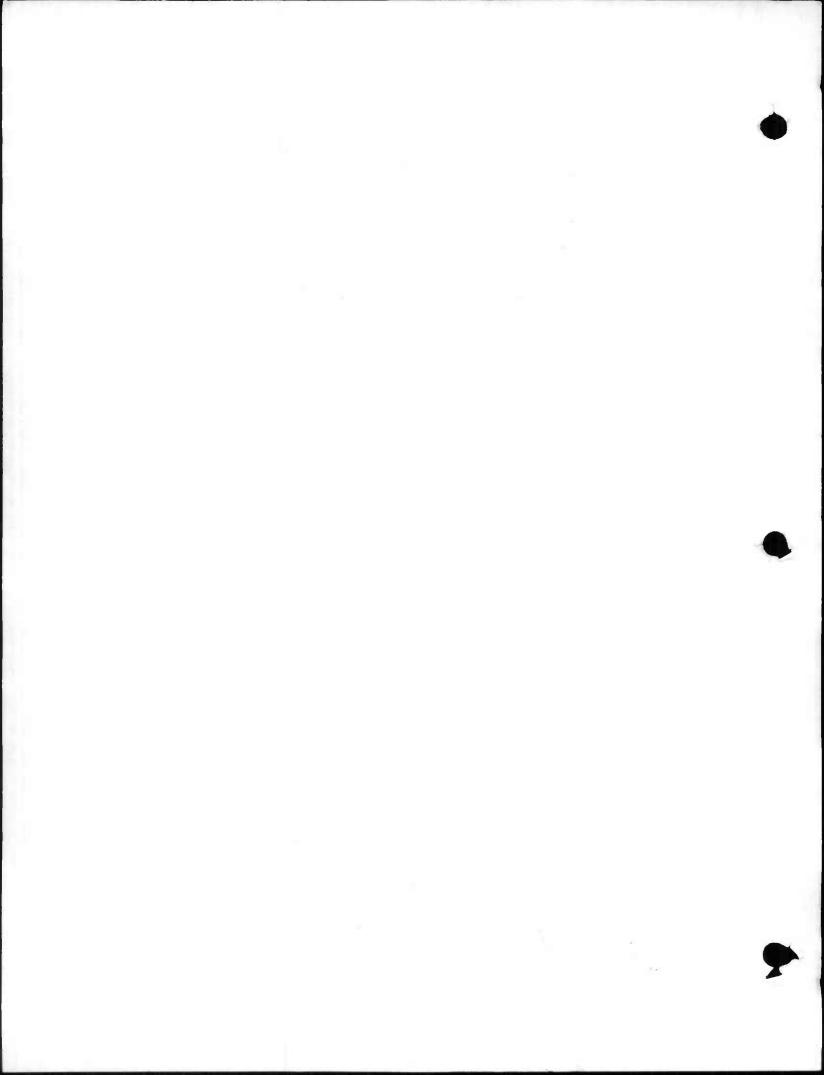
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should nours after death. Page 6 may be retained by the hospital or attending physician, notified at å by the funeral director, removal. medical been signed by the attending physician and completely filled in by t, of Health and Mental Hygiene prior to burial, cremation, or remo the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Injury, shows any has b 23 Item this certificate h with the State I 0 THE HOSPITAL OR ATTENDING P THE FUNERAL DIRECTOR; After the filed within 72 hours after death to the filed within 72 hours after death to the filed within 72 hours after death to the filed within 72 hours after forth to the filed within 72 hours after forth to the filed within 72 hours after forth to the filed within 72 hours after forth to the filed within 72 hours after forth filed within 72 hours after filed within 28 TO THE FUNERAL DE filed within 72 h

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 10 0 4 1991 UNKNOWN 91-055 8:35 AM A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F VDC 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2001 Aliceann Street Baltimore na RESIDENCE OF DECEDENT 10a. STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland na Baltimore 1 YES 2 NO 10e, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Found: 2001 Aliceann St 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes. specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED 14. RACE — American Indian, Black. White, etc. ORCES? 1 YES 2
YES, GIVE WAR OR DATES FORCES? 2 NO 1 Never Married 2 Married BY 1 TYES 2 T NO Specify 3 Widowed 4 Divorced Black COMPLETED 16e. OECEDENT'S USUAL OCCUPATION

The desired of work dane during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done during m life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zio Gode) 2 ocme 20a. METHOD OF DISPOSITION
1 ☐ Burlai 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 4 Donation 5 Other (Specify) in state removal 21. SIGNATURE OF PUNERAL SERVICE LICENSEE Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 1/18/93 655W.BaltimoreSt, Balto, MD 21201 many 23. MART I. Enter the disees es, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Betw IMMEDIATE CAUSE (Finel Onset and Death disease or condition Drowning resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 | NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) in harbor 27. MANNER OF DEATH DATE OF INJURY FOUND 8:30 28d, DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 000 1991 1 Natural 5 Pending Investigation 1 YES BY Subject drowned 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6X Could not be 0 4 Homicide 2000 blk COMPLET in harbor Aliceann Street 29e. CERTIFIER

(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, end due to the cause(s) and manner as stated. 2 XMEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, dete and place, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIE BE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) full 20 O.C.M.E 04 10 1991 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Margarita A Korell . MD. 111 Penn Street. Baltimore, Maryland 21201



BOX 68760 DIVISION OF VITAL RECORDS, P.O. 91-37632

91-6466-510 ITEMS: 23 part I,27,28a,b,c,d,e,f per ME FOR STATE G-698 4/16 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR JOSEPH HOLLAND HELMSTETTER P M 02 1991 :00 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS t ___M 2 _ F 60 YRS. use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Harbor Hospital Center DIRECTOR Baltimore 10a. STATE 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4100 Ritchie Highway the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specity Yes or No-14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO It yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Naver Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify. BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) filled in by the funeral director, page 5 should be detached for u removal. Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 4 Page 6 may be retained by BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 ocme 56 20a. METHOD OF DISPOSITION 26b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must t Duriel 2 Cremation 3 Remove from State s Down (Specify) in state remova! examiner VICE LION Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITYState Anatomy Board nours after death. 3/2/93 555W.Baltimore St,Balto,MD 21201 medical I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between ARTERIOCLEROTIC CARDIOVASCULAR DISEASE IMMEDIATE CAUSE (Final Onset and Daath the attending physician and completely fille Mental Hygiene prior to burial, cremation. the disease Dr condition COMPLICATED BY ENVIRONMENTAL HYPOTHERMIA resulting in death) executed within event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if sny, lasding to immediata cause. Enter UNDERLYING OR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in dasth) LAST 6 any Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMEO? MEDICAL has been signed by the Dept. of Health and N n 23 shows any Inj YES 2 NO OF OEATH? 1 YES 2 MAG PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate h HOSPITAL:
1 X Inpatient 2 □ ER/Outpatient 3 □ DOA OTHER: 1 XYES 2 NO ng Home 5 Residence 8 D Other (Specify) 4 🔲 Nursi 0 27. MANNER OF DEATH 28b. TIME OF O UNITED Y 28e. OATE OF INJURY . this c 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, (Month, Pay, Year) t Natural I TES Y NO BY UNKNOWN After 1 2 XXAccident 281. LOCATION (Street and Number or Rural Route Number F O U N D 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide COMPLETED 6 Could not be DIRECTOR: A hours after of Item 28 is 4 Homicide LIGHT FOUND: IN ALLEY within 72 hours a 29a. CERTIFIER

(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as attated. HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 X MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. DIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE (mey 2 C.M.E 0.3 1991 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARY PRITA Kosker 111 Penn Street. Baltimore Maryland 31. DATE FILEO (Month, Day, Year) 22. REGISTRAR'S SIGNATURE MAR 16 1993 A. 6.4 Denden-Rudolli

MAN IN 1883 A PER OF MAN

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HUMAN DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be not burlated at once.

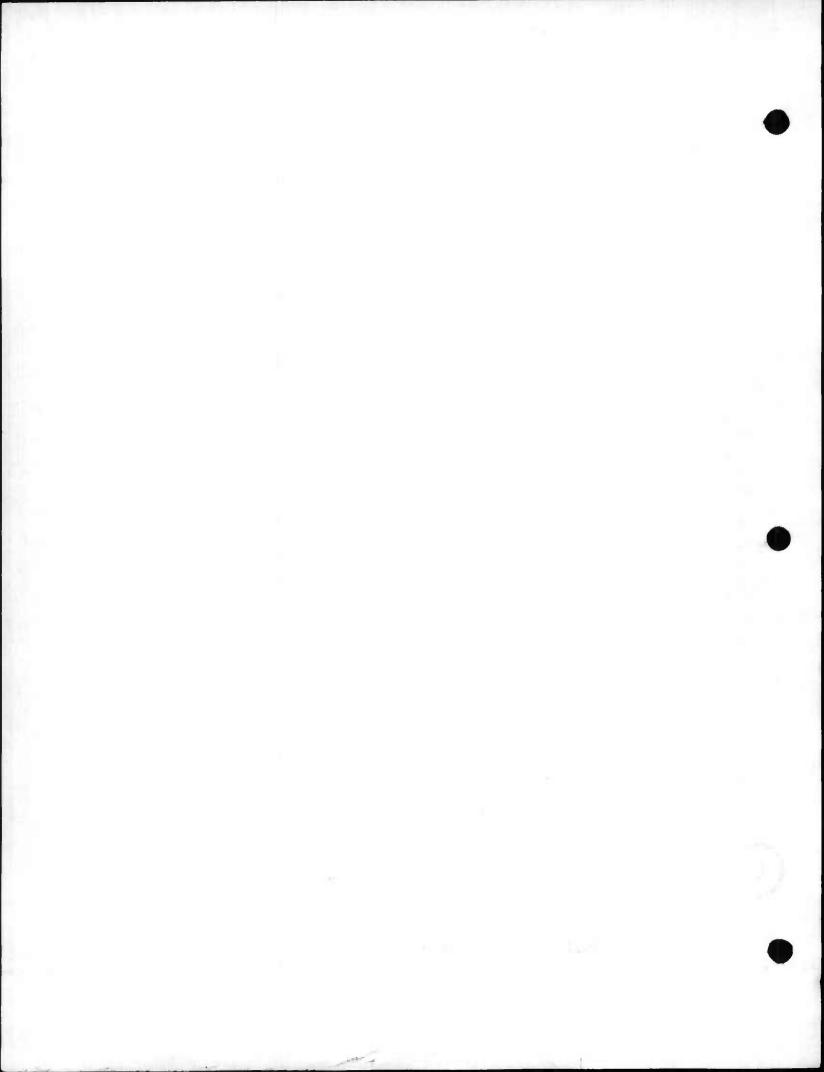
INPORTANT If Item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (MO

6 1993

	1 - STATE REGISTRAR	STATE OF MA			T OF HEALTH AN	D MENTAL	HYGIENE REG. NO.	91-	37633
	1. DECEDENT'S NAME (First, Middle, Last) West-Grook	imak	2			2. DATE OF MONTH	F DEATH DAY	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6	AGE (In yrs. last I	YRS. MONTH	ER 1 YEAR IF UNDER 24 HIS DAYS HOURS MIN	N. (Month, L	BIRTH Day, Year)	8. BIRTHPL Country)	ACE (State or Foreign
DIRECTOR	98. FACILITY NAME (If not institution, give: Prince (1906) RESIDENCE OF DECEDENT	11 11	al Cont	96. CI	TY, TOWN OR LOCATION O			c. COUNTY OF DEA	It's . It's
	Maryland Prin 10a. STREET AND NUMBER	v ce George'	s	New Ca	or Location arrollton			1	Dd. INSIDE CITY LIMITS? X YES 2 NO
FUNERAL	5319 85th Avenue				2078			U.S.A.	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 IF YES, GIVE WAR	YES 2 NO		If yes, specify Cuban, Ma 1 YES 2 NO Sc	xican, Puarto Ric	(Specify Yea or f an, atc.)	No — 14. RACE — Black, \ Specify:	American Indian, White, etc. Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	(Give	EDENT'S USUAL kind of work don to NOT use retired	e during most of working	16b. K	IND OF BUSINE	SS/INDUSTRY	
COM	17. FATHER'S NAME (First, Middle, Last)					NAME (First, Mid		name)	
BE	Dwayne Westbro	ok	Tion	MAII ING ACCOR		ita Mit			
5	To a standard of the standard		190.	MAILING AOORE	SS (Street and Number or Ru	iral Route Number,	City or Town, St	tate, Zip Code)	
	20a. METHOD OF DISPOSITION 1			DDATE OF DISPO		OATE	20c. LOCATI	ION — City or Town	, State
	21. SIGNATURE OF FUNERAL SERVICE LI			2:	2. NAME AND ADDRESS OF	FACILITY			
	23. PART I. Enter the disease, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	s. P	eused the deet on each line.		er the mode of dying, s		c or respirato	ory srrest,	Approximete Interval Batweer Onset and Death
CERTIFICATION	Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	с.	R AS A CONSEOU						
H	that initieted events resulting in desth) LAST	DUE TO (O	R AS A CONSEOU	ENCE OF):					
MEDICAL	PART II. Other eignificant condition	ns contributing to de	esth but not res	uiting in tha c	inderlying cause given		La. WAS AN AUTO PERFORMED	NO OF	ERE AUTOPSY FINDINGS WILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		ОТНЕ					
בוחי ום	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day,	JURY :	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO		ipecify)	RY OCCURED	
3	3 Suicide 6 Could not be determined	28e. PLACE OF II building, etc	NJURY — A1 home:. (Specify)	, farm, street, fa	ctory, office	26f. LOCATIO	ON (Street and N Town, State)	Number or Rural Rou	e Number,
	24- 05-771-770								
COMPLE					time, data and place, and opinion, death occured at				nd manner as stated.

12. REGISTBAR'S SIGNATURE



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CIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	ate	ate
AN.	iffici	S
SICI	Cer	n the State Dept. of Health an

R.								01	
- 1	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			MENTAL	HYGIEN REG. NO.		3763
	1. DECEDENT'S NAME (First, Middle, Lest) ALLEN M	ATTHEW	В	OWLES	3	2. DATE (OF DEATH	1 8 9	3. TIME OF DEATH 9:10 P
			yrs. lest birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE (BIRTHPLACE (State or Foreign
	UNKNOWN	1 M 2 □ F 28	YRS.	NTHS DAYS	HOURS MIN.	OCTOB1	Day, Year) ER 25 1	964	(ARYLAND
OR	99. FACILITY NAME (If not institution, give atre WOODS:OFF RTE. 2	,		CHAP?	OR LOCATION OF DE	ATH		ST.M	ARYS
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCA	ATION				10d. INSIDE CITY
		ARY'S	COL	TONS	POINT				LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			1	of. ZIP CODE				OF WHAT COUNTRY?
ONE		12. WAS DECEDENT EVER IN FORCES? 1 YES			20626_ CENDENT OF HISPAN specify Cuben, Mexica				D STATES RACE — American Indian, Black, White, atc.
ВУ	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT			S 2 NO Specify		ican, etc.;		Specify: WHITE
TED	15. DECEDENT'S EDUCA (Specify only highest grade or		16a. DECEDENT'S USL (Give kind of work	done during m	ION nost of working	16b.	KIND OF BUS	SINESS/INDUS	
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	WATERMA	400			MMFDC	IAL FI	CUINC
COMP	17. FATHER'S NAME (First, Middle, Last)		WAILKIE	u.v	18. MOTHER'S NA				SHING
BE	ROY ANTHONY BOWLES 19s. INFORMANT'S NAME (Type/Print)	. SR.	105 MAILING AD	DDECC (Come	DOROTH				
2	JANICE LEE BOWLES				AD. COLTO				•
	20s, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remov	al from State ceme	PLACE AND DATE OF D	ISPOSITION (DATE	20c. LO	CATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SETANCE LIDE	With the second	INTT CREM	_	AND ADDRESS OF FA	CILITY	WA	LDORF,	MARYLAND
	EDWARD N. BRI	NSFIELD IR	M00052	1	NSFIELD F NORTH WAS				LEONARDTOWN,
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		consequence of):	leg					Onset and Dea
MEDICAL	PART II. Other algnificent conditione	contributing to death bu	t not reculting in t	he underlyli	ng ceuse given in	Part I.	24s. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 \(\subseteq \text{NO} \)
PHYSICIAN:		HOSPITAL:		26. I	PLACE OF DEATH (Ch				
HYS	1X YES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Outpar 28s. DATE OF INJURY	28b. TIME O	F 28c. IN	JURY AT		(Special) OC	NJURY OCCUP	EO
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	00/00/11	9/ INJURY	M 1 🗆	YES 2 NO	SUB	JECT	SHOT	
TED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, stc. (Specif	WOODS	et, factory, off	los	City o	r Town, State)		Rural Route Number.
COMPLE		AN: To the best of my knowle On the basis of axamination	dge, desth occurred s			to the cau	e(a) and mer	ner as stated.	suse(a) and menner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NU				IONED (Month, Day, Year)
TO B	Nonald G.W.	right MD			O.C.M.	Ε.		▶ 02	2/24/93
	DONALD G, WRIGHT		TH (ITEM 27) (Type, Pris 111 Penn		eet, Ba	ltim	ore,	Mary	Land 21201
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	mondalle		-				
	ENICO Y OO	Al							

A 18.8

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriah-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriah, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

91-37635

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

112010111111						- ''	20.710.		
1. DECEDENT'S NAME (First, Middle, Last)	le. Wes	brook				2. DATE OF (DAY 2	9º7	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthde	MONTHS	DAYS	IF UNDER 24 HRS.	7. OATE OF 6 (Month, Da		A. BIRT	HPLACE State or Foreign try)
9a. FACILITY NAME (If not institution, give at	reet and number)		9b. CIT	r. TOWN O	R LOCATION OF O	EATH	1 90	COUNTY OF	OEATH .
	Hospita	al Cente	1 Ch	eve	rly		P	rince	Georges
10a. STATE 10b. COUNTY		100	CITY, TOWN	OR LOCAT	ION				10d, INSIDE CITY
MD Pr	ince. Ge	orges	-	Car	rollton				1 YES 2 NO
10e. STREET AND NUMBER				101	ZIP CODE		10	g. CITIZEN OF	WHAT COUNTRY?
5319_85th_Avenue	#103				20784			U.S.	A.
10e. STREET AND NUMBER 5319 85th Avenue 11. MARIITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 X NO	13.	If yes, spe	ENDENT OF HISPA ecity Cuban, Maxico 2 NO Specifi	an, Puerto Rica		Bla	CE — American Indian, ck, White, etc. city:
		16a. DECEDEN	T'S USUAL C			16b. KIN	O OF BUSINE	SS/INOUSTRY	
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Iffe. Do NO	T use retired.)	Guilling IIIO	or worlding				
17. FATHER'S NAME (First, Middle, Last)	F-19-1				18, MOTHER'S NA	AME (First, Midd	le, Maiden Surr	name)	
AND INFORMANTIO MANAGEMENT	LUMB				Legui-	ta W	estb	rook	
		19b. MAIL	ING ADDRES	S (Street a	nd Number or Rural	Route Number,	City or Town, St	late, Zin Code)	enmolton
) is information that (yparam)		5319	85	h Ac	enue,	Apt.	#103	New	MD 20784
20e. METHOD OF DISPOSITION 1	oval from State	20b. PLACE AND D of cemetary, crema			(Name	OATE	20c. LOCAT	ION — City or	Town, State
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1	22	NAME A	ID ADORESS OF FA	ACILITY			
•									
Sequentially list conditions, if any, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b	R AS A CONSEQUENC R AS A CONSEQUENC R AS A CONSEQUENC	E OF):						
that initiated events resulting in deeth) LAST	d								
	s contributing to de	eath but not resulti	ng in the u	ınderiyin	g ceuse given in	Part i. 24	a. WAS AN AUT		No. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
PAHI II. Other significant condition						_ '	YES 2	NO	OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH			_	26. PI	LACE OF DEATH (C	heck only one)			
EXAMINER?	HOSPITAL:		OTHE	R:			er ave		
1 YES 2 NO		R/Outpatient 3 DO		Y	ia 5 🗆 Residence	7			
27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,		TIME OF INJURY M	WC	PRK? YES 2 NO	28d. DESCR	IBE HOW INJU	RY OCCURED	
3 Suicide 8 Could not be	28e. PLACE OF building, et	INJURY — At home, fac. (Specify)	rm, street, fe	ctory, offic	•		ON (Street and fown, State)	Number or Rura	Il Route Number,
4 Homicide detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE									e(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICENSE NU				ED (Month, Day, Year)
" arie k	4				11 34	2201			
30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE	OF DEATH (ITEM 27)	Type, Print)		1) 34	229			
"aller K					1) 34	220			

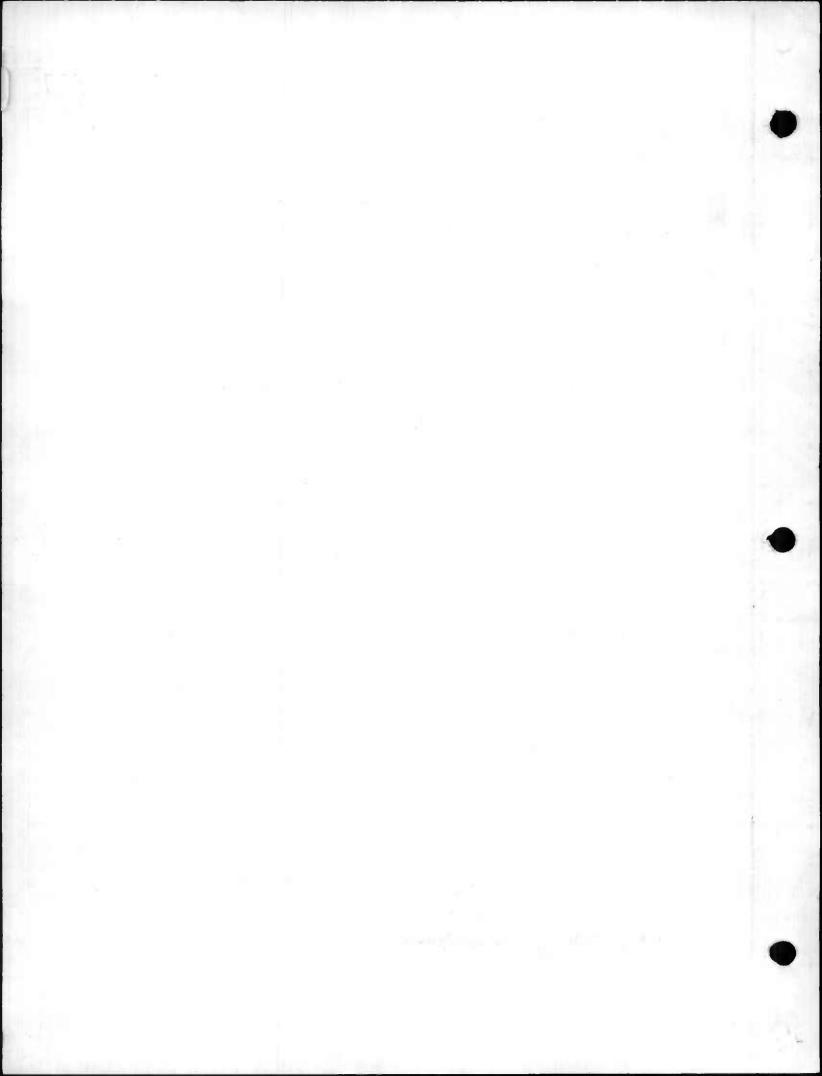
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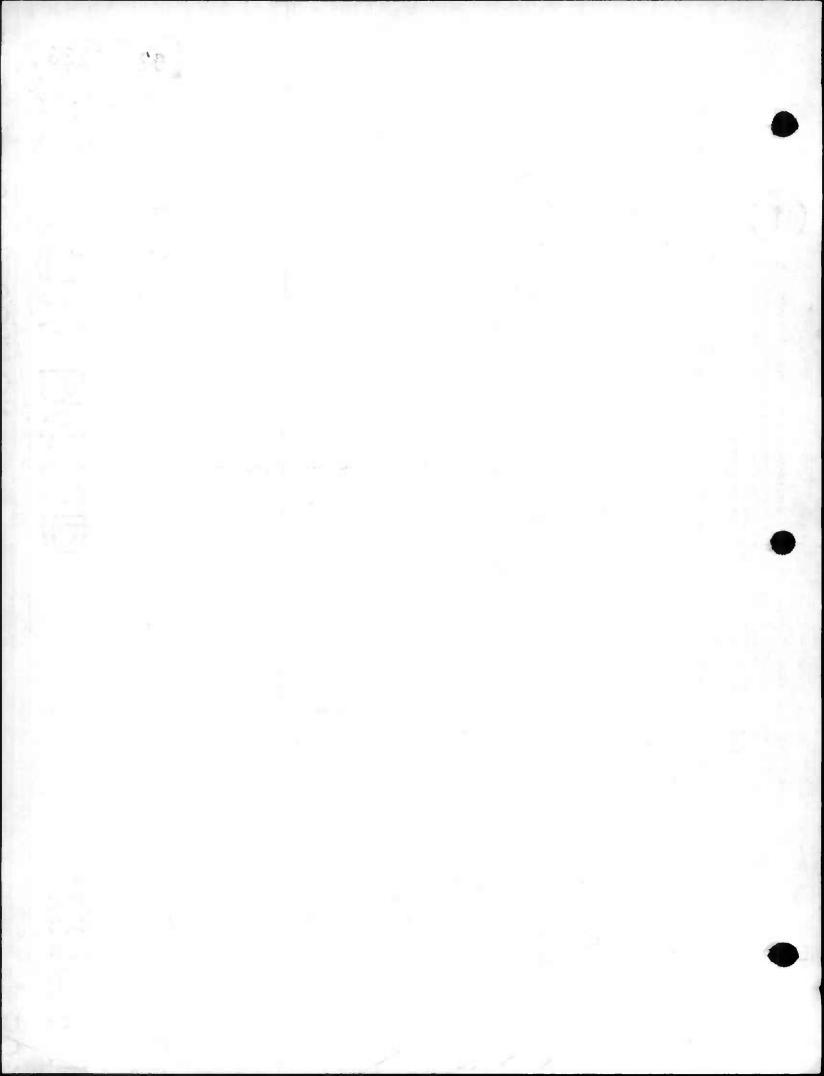
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	REGISTRAR		CERTIF	ICATE	OF DE	ATH	RI	EG. NO.	- 1	, , ,
	1. DECEDENT'S NAME (First, Middle, Last)	ATJUT.	т	HEURI	ET		2. DATE OF C	DEATH DAY -6	-91 YEAR	3. TIME OF OEATH 7 - 45 PM M
	4. SOCIAL SECURITY NUMBER 202 14 4564	5. SEX 8.	AGE (In yrs. last birthday) 8 7 YRS.	MONTHS E	EAR IF U	NOER 24 HRS.	7. DATE OF B (Month, Day Feb.		Count	Penna.
	9e. FACILITY NAME (If not institution, give a	street and number)	4	9b. CITY, TO	OWN OR LO	CATION OF DI	EATH	9c, C	OUNTY OF D	EATH
TOR	SOUTHERN MARYLAND	HOSPITAL	CLINTON MARYLAND PINCE GEO						CORGE'S CO.	
DIRECTOR	100. STATE MARYLAND 10b. COUNT PR	ÎNCE GEOR	RGES 10c. CIT	GES UPPER MARLBORO						10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 11807 FAIRGR	**	101. ZIP CODE 2 0 7 7 2				10g. U N	ITED	STATES	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried XXX Widowed 4 Divorced	VER IN U.S. ARMED YES 2 NO OR DATES	If y	es, specify		en, Puerto Rican	pecify Yee or No i, etc.)		E — Americen Indien, k, White, etc. 孙工TE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT us TEACHE	work done dur se retired.)	UPATION ing most of v	vorking		D OF BUSINESS		LS
	17. FATHER'S NAME (First, Middle, Lest) JAMES E. RYAN			16. MOTHER'S NAME (First, Middle, SARAH A. BRA					ne)	
TO BE	190. INFORMANT'S NAME (Type/Print) DAVID THAYER		196. MAILING SAME	ADDRESS (Street and Mu	imber or Rural	Route Number, C	City or Town, State	i, Zip Code)	
	20e_METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	20b. PLACE OF DISPO S T other PBCR I G	SITION (Name ID C	e of cometery EMET	eremetory or ERY		WEST PEN	MEAD NSYL	TOWNSHIP,
	21. SIGNATURE OF JUNERAL SERVICE L	TO TO				EARSO	N FUNI	ERAL H	IOMES	
CERTIFICATION	23. PART I. Eriter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. CONG DUE TO (OI ACT E ACT E		HEADS	AL					Approximate interval Between Onset and Death
	resulting in death) LAST PART II. Other significant condition	d	eath but not resulting	in the und	erivina ca	use given ir	Part I. 24	n, WAS AN AUTO	PSY 24	b. WERE AUTOPSY FINDINGS
: MEDICAL	DEMENTIA							PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3 DOA	OTHER:	-		heck only one)	nacifu)		
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF IN (Month, Day,	JURY 28b. TII		Sc. INJURY WORK?			BE HOW INJURY	OCCURED	
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF building, et	NJURY — At home, farm, c. (Specify)	street, factor	y, office		28f. LOCATIO	ON (Street and Nu lown, State)	imber or Rural	Route Number,
COMPLETED	const. Gray	The second second second	y knowledge, death occur nination and/or investigati							(e) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFI		- An	a British	294	D-1	8545	29d.	DATE SIGNE	O (Mprith, Day, Year)
	PHILLIP WIS	ovsky w	1.D -	u, PTITE)						The state of
2.0	31. DATE JAN OF 07 1991	Fina Days	s signature			×				



			CERTIFICA	TE OF DEATH		REG. NO.	1-3763
	1. DECEDENT'S NAME (First, Middle, Las STEPHEN	"R LIPT	AI		2. DATE	OF OEATH	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	1 X M 2 🗆 F	GE (In yrs. last birthday) F UI	NDER 1 YEAR IF UNDER 24 HR	(80	of BIRTH (), Dev. Year) 45	BIRTHPLACE (State or Foreign News) Jersey
2	90. FACILITY NAME (If not institution, give	ADVENTIST	11	CITY, TOWN OR LOCATION OF	PK		TOOMERY
DIRECTOR	100. STATE 10b. COUN		- Appendix	NN OR LOCATION	iTU		10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 2911 FOXFIRE	ECT		101. ZIP COOE	43	10g. CITIZE	EN OF WHAT COUNTRY?
BY FU	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 XY IF YES, GIVE WAR OF	EC O TAIO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 TES 2 NO Sp	xican, Puerto	N? (Specify Yes or No	4. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S ET (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)	18e. DECEDENT'S USUAL (Give kind of work of life. Do NOT use retire Drive	one during most of working ad.)		Maryland Nev	
BE CON	17. FATHER'S NAME (First, Middle, Last) Stephen .Alber:	t Liptai		Eleano	r S	Middle, Malden Surname)	
5	Mrs Beverly Lipt	ai	2911 Fox	Fire Ct. El	licot	t City or Town, State, Zip C t City Md 21	1042
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ra 4 Donetion 5 Other (Specify)	moval from State	20b. PLACE AND DATE OF DISI compression of other plants of the compression of the compres		1/:		ty or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE I	1 1-	0	22. NAME AND ADDRESS OF Harry H Witz	ke fu	neral Home	
				4112 Old Col	umbia	Pike Ellico	ott City Md.
	23. PART I. Enter the diseases, or	r complications that cause. List only one cause or	sed the death. Do not en n eech lina.	4112 Old Col	umbia	Pike Ellico	Approximate interval Batw
rion	23. PART I. Enter the diseases, or ahock, or heert failure immEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. VENTUL DUE TO (OR A	sed the death. Do not en	4112 Old Col that the mode of dying, a	umbia	Pike Ellico	Approximate intervat Batwonset and D
TIFICATION	23. PART I. Enter the diseases, or ahock, or heert fellure immEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. VENTUL DUE TO (OR A: b. COLONAV DUE TO (OR A: C. COLONAV DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A:	sed the death. Do not en n eech line. CVVM FIBU S A CONSEQUENCE OF): T AUGUST S A CONSEQUENCE OF): Y AUGUST S A CONSEQUENCE OF):	4112 Old Col Inter the mode of dying, a LLATON HEAMBOSIS ATTENOSCUL	umbia	Pike Ellico	Approximate interval Batwonset and D 3 IMAS 8 OAY
CERTIFI	23. PART I. Enter the diseases, or ahock, or heert failure immEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. VENTM DUE TO (OR A DUE TO (OR A DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A)	sed the death. Do not en eech lina. CVVM FBM S A CONSEQUENCE OF): T MRM T S A CONSEQUENCE OF): MARRY S A CONSEQUENCE OF): MARRY S A CONSEQUENCE OF):	4112 Old Col star the mode of dying, a LLATEN HEAMBOSIS ATTENOSCUL	umbia auch sa card	Pike Ellico	Approximate Interval Batwonset and Do Board Morn
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SICIAN: MEDICAL CERTIFI	23. PART I. Enter the diseases, or ahock, or heert failure immEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. VENTUL B. Liet only one cause or a. VENTUL DUE TO (OR A) DUE TO (OR A) C. COLONIAN DUE TO (OR A) C. COLONIAN DUE TO (OR A) C. COLONIAN DUE TO (OR A) C. COLONIAN DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) HOSPITAL:	sed the death. Do not en each lina. COUNT FIBME S A CONSEQUENCE OF): THE MY TO S A CONSEQUENCE OF): S A CONSEQUENCE OF): MEMORY AND AND AND AND AND AND AND AND AND AND	4112 Old Col nter the mode of dying, a LLATTON ACOMBOSIS ATTENOSCUL OINA underlying ceuse given 28. PLACE OF DEATH HER:	OSIS In Part I.	Pike Ellico diac or respiratory arres 24e. WAS AN AUTOPSY PERFORMETY 1 YES 2 NO	Approximate intervat Batw Onset and D. 3 IM.S B OAY MONTO BOTH OF CAUS OF DEATH?
PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the diseases, or ahock, or heert failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions in the conditions of the conditions	a. VENTUL DUE TO (OR A C. COLONAM DUE TO (OR A C. COLONAM DUE TO (OR A C. COLONAM DUE TO (OR A C. COLONAM DUE TO (OR A C. COLONAM DUE TO (OR A C. COLONAM DUE TO (OR A C. COLONAM DUE TO (OR A C. COLONAM DUE TO (OR A C. COLONAM DUE TO (OR A C. COLONAM DUE TO (OR A C. COLONAM DUE TO (OR A C. COLONAM DUE TO (OR A C. COLONAM DUE TO (OR A C. COLONAM DUE TO (OR A C. COLONAM DUE TO (OR A C. COLONAM DUE TO (OR A DUE TO (O	sed the death. Do not en each line. CVVM FBM S A CONSEQUENCE OF): S A CONSEQUENCE OF): MARRY MARRY S A CONSEQUENCE OF): MARRY MARR	4112 Old Col star the mode of dying, a LLATON HEARBOSIS ATTENDSCLA OINA underlying couse given	Umbia OSIS In Part I.	Pike Ellico diac or respiratory arres 24e. WAS AN AUTOPSY PERFORMETY 1 YES 2 NO	Approximate interval Batw Onset and D 3 II-LS 8 OAY MO ~ III 24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the diseases, or ahock, or heer failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant conditions in the conditions of the conditions o	a. VCNTVI DUE TO (OR A: C. COLONAM DUE TO (OR	Sed the death. Do not en each line. CVVM FIBUL S A CONSEQUENCE OF): S A CONSEQUENCE OF): MARY MARY MARY MARY MARY MARY MARY MAR	4112 Old Col Inter the mode of dying, a LLATON ACOMBOSIS ATTENOSCUM 28. PLACE OF DEATH IER: NUMBING Home 5 Residence 28. INJUNY AT WORK? 1 YES 2 NO	Umbia OSIS In Part I. (Check only on 28d. DES	Pike Ellico diac or respiratory arres 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	Approximate intervat Batw Onset and D 3 H-25 8 OA-4 MO ~ II 24b. WERE AUTOPSY FINDE AMALABLE PRIOR TO COMPLETION OF CAUMOF DEATH? 1 YES 2 NO
D BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the diseases, or shock, or heert feiture immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant conditions in death cause. Examiner? 1	a. VENTUL DUE TO (OR A) C. COLONIAN DUE TO (OR A) C. COLONIAN DUE TO (OR A) C. COLONIAN DUE TO (OR A) C. COLONIAN DUE TO (OR A) C. COLONIAN DUE TO (OR A) C. COLONIAN DUE TO (OR A) C. COLONIAN DUE TO (OR A) C. COLONIAN DUE TO (OR A) C. COLONIAN DUE TO (OR A) C. COLONIAN DUE TO (OR A) C. COLONIAN DUE TO (OR A) C. COLONIAN DUE TO (OR A) DUE TO (OR A) C. COLONIAN DUE TO (OR A)	Sed the death. Do not en each line. CVVM FIBUL S A CONSEQUENCE OF): S A CONSEQUENCE OF): MARY MARY MARY MARY MARY MARY MARY MAR	4112 Old Col Inter the mode of dying, a LLATON BEAMBOSIS APPLICATION JERNING 28. PLACE OF DEATH IER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO fectory, office	Umbia OSIS In Part I. (Check only on 28d. DES) 28f. LOC. City	Pike Ellico diac or respiratory arrest 24e. WAS AN AUTOPSY PERFORMETY 1 YES 2 NO ATION (Street and Number or or Town, Stelle)	Approximate intervat Batw Onset and D. 3 IMS 8 OAY MONT 24b. WERE AUTOPSY FINDH ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO RED

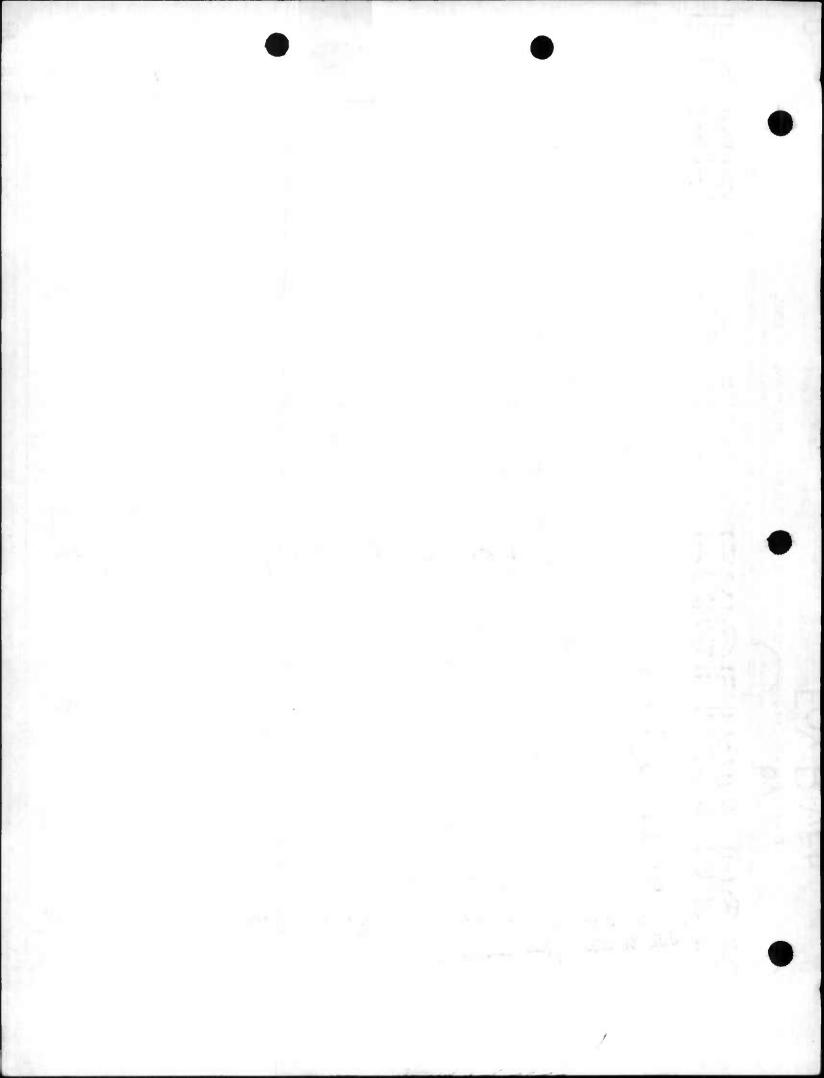
				CERTIF	ICATE OF	F DEATH		REG. NO.	- 1	7-3	3763
	1. DECEDENT'S NAME (Fit	rst, Middle, Last)					2. DATE O	F DEATH DAY	YE	3. T	IME OF DEATH
			fant of Matt				5	- 10 -			4.32pm
	4. SOCIAL SECURITY NUI		1 □ M 2 □ _X F 31	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	5-	Day, Year)	N	laryl	and
TOR	Prince Ge	eorges	atreet and number) Hospital Cer	nter	9b. CITY, TOWN	erly	ATH	9	e county Prin		eorges
DIRECTOR	Md.	10b. COUNT	.G.		v, town on Loc Washi				0	177	INSIDE CITY LIMITS? YES XX NO
ERAL	808 Jess		ive			20744		10	US.		COUNTRY?
BY FUNER	11. MARITAL STATUS I 7 1. Mever Married 2 [3 Widowed 4 Di	Merried	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	If yes,	ECENDENT OF HISPAN specify Cuben, Mexicas ES 25 NO Specify	n, Puerto Ri			RACE — A Black, Whi Specify: B	
LETED		ECEDENT'S EDI only highest grad		ille. Do NOT u	work done during i se retired.)		16b. I	KIND OF BUSINE			
COMPL	17. FATHER'S NAME (First,			1	nfant	18. MOTHER'S NAI				_	
BE (Ronnie L		tox	Joh MAII ING	ADDRESS (Standards)	Felec		neppare		del	- 17
9	Birth rec			IPD. MAICING	ADDRESS (SUBE	t and number or number	TOUIS NUMBE	s, City or lown, 3	state, ZIP CO	o a)	
	20e. METHOD OF DISPOS 1 Buriel 2 Creme 4 Donation 5 XVth	ition 3 🗆 Rei	moval from State	20b. PLACE AND DAT	y or other place)	on (Name	DATE		TION — City		es Co.
	21. SIGNATURE OF FUNE				22. NAME	AND ADDRESS OF FA	ĈILITY				
	Zo. FAITH I. LINES CHE			and the death. Do	not enter the r	node of dulpa eucl	h an cardi	ac or respirat	one arrest	- 1	Approvimete
	ahock, or IMMEDIATE CAUSE (I disease or condition resulting in death)	heert feilure Finei	a. Non	each line.	fant of	209 gram		ec or reapirat	ory arrest		
ATION	IMMEDIATE CAUSE (I	ditions,	a. Non to Due to (or As	each line.	fant of			ec or reapirat	ory arrest		interval Between
RTIFICATION	iMMEDIATE CAUSE (i disease or condition resulting in death) Sequentially list conditions if any, leading to imm	heert feilure Finel ditions, nedlete LYING njury	a. Non y DUE TO (OR AS	viable in	fant of			ec or reapirat	ory arrest		Approximate interval Betwee Onset and Dasi
IEDICAL CERTIFICATION	iMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list condiff any, leading to immicause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in deeth) Li	ditions, nedlete LYING njury	a. Non y DUE TO (OR AS	wiable in s a consequence of s a consequence of s a consequence of	fant of	209 gram	s	24a. WRS AN AU PERFORME 1 YES 2	TTOPSY 50?	24b. WEF AMA, COO	Interval Betwee Onset and Das Properties of the
MEDICAL	iMMEDIATE CAUSE (i disease or condition resulting in death) Sequentially list cone if any, leading to imm cause. Enter UNDER! CAUSE (Disease or in that initiated events resulting in deeth) Li PART II. Other algniff	ditions, nediete Lying njury AST	a. Non to DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS D	wiable in s a consequence of s a consequence of s a consequence of	fant of	209 gram	Part I.	24a. WAS AN AU PERFORME 1 YES 2	TTOPSY 50?	24b. WEF AMA, COO	Interval Betwee Onset and Das RE AUTOPSY FINDING ILABLE PRIOR TO PPLETION OF CAUSE
SICIAN: MEDICAL	iMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list cone if any, leading to imm cause. Enter UNDER! CAUSE (Disease or is that initisted events resulting in deeth) L/	ditions, nediete Lying njury AST	a. Non 3 DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	VIABLE IN S A CONSEQUENCE COS A COS A CONSEQUENCE COS A COS	fant of	209 gram.	Part I.	24a. WAS AN AU PERFORME 1 YES 2	TTOPSY 50?	24b. WEF AMA, COO	Interval Betwee Onset and Das Properties of the
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TED BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list condition if any, leading to immicause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in deeth) L/ PART II. Other algnift 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5	heert feilure Finel ditions, nedlete LYING njury AST Condition TO MEDICAL	a. Non 3 DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS	S A CONSEQUENCE CO	fant of	209 gram. Ing cause given in PLACE OF DEATH (Chome 5 - Residence INJURY AT WORK? YES 2 - NO	Part I. Peck only one 6 Other 28d. DE\$	24a. WAS AN AU PERFORME 1 YES 2 (Specify)	TTOPSY ED?	24b. WEF AMA CONO OF 1	Interval Betwee Onset and Daar Properties of the Prior To Market Prior To Mark
D BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list cone if any, leading to immicause. Enter UNDER! CAUSE (Disease or in that initiated events resulting in death) Li PART II. Other algniff 25. WAS CASE REFERRET EXAMINER? 1	ditions, mediate LYING njury AST To MEDICAL Pending Investigation Could not be determined	A	Pack line. Viable in S A CONSEQUENCE CO S A CONSEQ	fant of fin the underly other: other: other: other: other: underly other: tother: in the underly other: continued at the ilme, description.	209 gram. Zing cause given in PLACE OF DEATH (Ch. JOHN 5 Residence INJURY AT YES 2 NO Rice	Part I. Beck only one Control City of	24a. WAS AN AU PERFORME 1 YES 2 (Specify) (Specify) CRIBE HOW INJUINATION (Street and w Town, Stele)	TTOPSY ED? NO URY OCCUP Number or	24b. WEF AMALON CON OF 1 1 C	Interval Betwee Onset and Daal



physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be prior to burial, cremation, or removal.

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the darm purificate be executed within 24 hour	TO THE FUNERAL DIRECTOR: After this certificate has been stored to the man of physician and completely filled I	be filed within 72 hours after death with the State Dept. of Hearth and Mental Marke prior to burial, cremation, or	IMPORTANT: If item 28 is marked, or item 23 shows any solution or other traumatic event, the m
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	cate	HINS	e pr	er t
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	REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last)						REG. NO.			3. TIME OF DEATH			
-, III	Ramsay, Male						MONTH 6 DAY 2		91	6:45 PM			
	4. SOCIAL SECURITY NUMBER NONE	5. SEX 1 X M 2 F			IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 06/02/9		8. BIRTH Country	PLACE (State or Foreign y)			
	9e. FACILITY NAME (If not institution, give street and number)			96. CITY, TOWN OR LOCATION OF D						OF DEATH			
	Prince Geo	rges			Chev	erly		Po	G	- 700 18			
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TY		10c, CIT	Y, TOWN OR LOCA	ITION				10d. INSIDE CITY			
	MD Prin	nce George's		Glenarden						LIMITS?			
	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEN					
	1419 4th Street					20706							
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X				an, Puerto Rican, etc.)			14. RACE — American Indian, Black, White, etc. Specify: Black			
ı	15. DECEDENT'S ED	UCATION	16a. D	ECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF B	USINESS/INDU	JSTRY				
	(Specify only highest grad Elementary/Secondary (0-12)	Cottege (1-4 or 5			work done during m		TOW TOTAL OF BUSINESSTINDUS						
	0	0											
	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	AME (First, Middle, Meide	n Surneme)					
	Gary Anthony Ra	msey				Doret	ha Ramsey						
	19e. INFORMANT'S NAME (Type/Print)		19				Route Number, City or To			105			
100	Birth Registrar						, Cheverly		207				
	20a. METHOD OF DISPOSITION 1	movel from State	20b. PLACI	e ANO DAT	E OF DISPOSITIO	N (Name	1	OCATION — C					
۱	4 ☐ Donation 8 ☒ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I		will 3	1001	y or other place) Hospital		6/2/91Ch	neverl	y, 1	1D			
ı	21. SIGNATURE OF FUNERAL SERVICE I	JUENSEE -			22. NAME /	AND ADDRESS OF F	KCILITY						
3													
	shock, or heart feiture IMMEDIATE CAUSE (Finel disease or condition resulting in death)	TYPM	و	Prev	aturit)			Interval Betwee				
	Sequentially list conditions, If any, leading to immediate												
- 11	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST												
	resulting in deeth) LAST								Las	. WERE AUTOPSY FINDING			
		one contributing to	death but not	reculting.	In the underly	na causa aluan la	Direct De- Mac a	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED?					
		ons contributing to	death but not	resulting	In the underlyl	ng ceuse given ir	-			AVAILABLE PRIOR TO			
		ons contributing to	death but not	resulting	in the underlyl	ng ceuse given ir	-	ORMED?		COMPLETION OF CAUSE OF DEATH?			
		ons contributing to	death but not	resulting	in the underlyl	ng ceuse given ir	PERF	ORMED?		COMPLETION OF CAUSE			
		ons contributing to	death but not	resulting			PERFO	ORMED?		COMPLETION OF CAUSE OF DEATH?			
	PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:			26. OTHER:	PLACE OF DEATH (C	PERFO	ORMED?		COMPLETION OF CAUSE OF DEATH?			
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The temperature certificate be executed within 24 flours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been compared within 24 flours after death with the State board of the most private private build, cerembon, or remove, or showld be detached to the most private than 28 is marked or team 29 for most the trainable event the medical examiner must be multified at noce.	FUNDAME. II NOTILE AND INCOME. OF INCOME.

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1. OECEDENT'S NAME (First, Middle, Last)	1.0			2. DATE O	F DEATH DAY		3. TIME OF DE	HTH
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	1 DM 2 BF NEWBOR	1	DAYS HOURS MAN.	(Month,	Day, Year)	1	Country) Marulan	1
9a. FACILITY NAME (If not institution, give street	et and number)	9b. CITY	Y, TOWN OR LOCATION OF C			9c. COUNTY		9
Prince Georges Hospital CENTER Cheverly, N					1D Prince Georges			
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION			-	10d. INSIDE CI	v
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(Specify only highest grade co	College (1-4 or 5+)	i. Do NOT use retired.)	during most of working					
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17. FATHER'S NAME (First, Middle, Last) TURRENCE DER	· Par) Tusar		18. MOTHER'S N	-	iddle, Maiden Si	umame)		
19a. INFORMANT'S NAME (Type/Print)		b. MAILING ADDRES	S (Street and Number or Rura		Y Cliv or France	State 7to Co	del	_
Face Sheet of			to to the remover of rule	- voice municipal	n, ony or lown,	Sierre, ZIP CO	00)	
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1 Burial 2 Cremation 3 Ramovi 4 Donation 5 Other (Specify)	SPIAL WILL, 3	crematory or other	ITAL DE		CLE	eveela	, mD	
21. SIGNATURE OF FUNERAL SERVICE LICEN	NSEE JUSPOSE OF	22.	NAME AND ADDRESS OF F	ACILITY		0		
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